



# ANNUAL REPORT

on the

## PUBLIC HEALTH

of

## WORCESTERSHIRE

1936.

by

WYNDHAM PARKER, M.C.,

M.B., Ch.B. (Edin.). D.P.H. (Lond).

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## WORCESTERSHIRE COUNTY COUNCIL.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL.

I have the honour to submit my annual report upon the health of the County for the year 1936 which follows the lines indicated by the Minister of Health in Circular 1561.

At the request of the Minister statistical information, which has been included in other reports to the Ministry of Health, will not be repeated in this report unless for special reasons it is necessary for such information to be brought to the notice of the County Council.

The following statistics give information relating to the Administrative County.

## SECTION A.

### Statistics and Social Conditions of the Area.

Area in acres	—	—	—	—	—	438,221
Population, Census 1931	—	—	—	—	—	308,781
Registrar-General's estimate of resident population, mid 1936	—	—	—	—	—	327,600
Rateable value (1st April 1936)	—	—	—	—	—	£1,551,151
Sum represented by a penny rate	—	—	—	—	—	£6,122

			Males.	Females.	Total.
Live Births {	Legitimate	—	— 2,441	2,468	4,909
	Illegitimate	—	— 83	103	186

Birth-rate per 1,000 of estimated resident population	15.6
---	------

				Males.	Females.	Total.
Still-births	—	—	—	100	100	200

Rate per 1,000 total (live and still) births	—	—	38
--	---	---	----

				Males.	Females.	Total.
Deaths	—	—	—	— 1,987	1,959	3,946

Death-rate per 1,000 of estimated resident population – 12.0

Deaths from Puerperal Causes.

		Deaths.	Rates per 1,000 live births.	Rates per 1,000 total (live and still) births.
Puerperal Sepsis	—	— 12	2·35	2·27
Other Puerperal Causes	—	— 16	3·14	3·02
Total	—	— 28	5·5	5·3

Death-rate of Infants under one year of age :—

All Infants per 1,000 live births	—	—	—	51
-----------------------------------	---	---	---	----

Legitimate Infants per 1,000 legitimate live births – 50

Illegitimate Infants per 1,000 illegitimate live births	70
---	----

Deaths from Measles (all ages)	—	—	—	12
--------------------------------	---	---	---	----

Deaths from Whooping Cough (all ages)	—	—	14
---------------------------------------	---	---	----

Deaths from Diarrhoea (under 2 years of age)	-	25
--	---	----



2A

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died outside these districts.  
(b) These figures are supplied by the Registrar-General.  
(c) Under 2 Years.  
(d) Includes one death from Polio-encephalitis.

Birth Rate	—	—	—	14·8	per 1000
Death Rate	—	—	—	12·1	„ „
Infant Mortality Rate	—	—	—	59	



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Information as to Social conditions including the chief industries carried on in the area and the extent of unemployment has been included in my previous Reports.

Industrial and housing conditions have improved and there is no serious unemployment in any part of the County.

As compared with the year 1935, the birth-rate is higher by 0.6 per thousand of the population and the death rate by 0.3 per thousand of the population.

The birth-rate exceeded the death-rate by 3.6 per thousand of the population, which on the present estimated population would result in a natural increase in the year 1936 of between eleven and twelve hundred persons.

The Registrar General's figure for the total increase, which is an estimate only, is 3,600, the difference being accounted for by migration of persons from other parts of the Country into Worcestershire. If the Registrar General's estimate is correct the County population has increased by nearly 20,000 between the 1931 Census and mid 1936. It is in the Urban Areas such as Oldbury and Halesowen and the Rural Districts adjoining industrial centres such as the Bromsgrove Rural District which provide the principal increases. The Rural populations are generally stationary or are falling except where the District acts as a "dormitory" for the town workers.

As mentioned in previous reports it cannot be expected that the death-rate figures will fall further; in fact it is certain that the increasing average age of the general population must result in higher death rates in due course.

The death-rate for the County was 12 per thousand of the population.

The deaths registered were 3,946 as against 3,807 in 1935 and 3,790 in 1934.

The principal causes were :—

	Heart Disease.	Cancer.	Cerebral Haemorrhage.	Phthisis.	Pneumonia.
1936.	984	512	294	200	183
1935.	883	504	258	180	173
1934.	876	514	228	181	185

One death out of every four is attributable to heart disease. This bald statement seems alarming but a considerable, although undefined, proportion must be attributable to old age, in that some organ of the body must wear out first in connection with senile changes. On the other hand it emphasises the need for remedial and such preventive action as can be taken to lessen the dangers from Acute Rheumatism which is the principal cause of heart disease in the young.

Cancer is causal of one death in every eight occurring at all ages. The proportion would be still higher if the population exposed to risk was used, as this would exclude young persons and infants who are relatively immune.

Although the Cancer mortality figures are disappointing when one considers the great research efforts made to try and control this disease, the Chief Medical Officer of the Ministry considers that the outlook of anti-cancer effort seems brighter when consideration is given to two important factors, first the increasing longevity of the population, for cancer is chiefly a disease of the later ages of life, and second the more accurate diagnosis of the disease.

The deaths from Pulmonary Tuberculosis during 1936 numbered twenty more than in 1935. This increase is attributable to the Urban areas. The Tuberculosis and Sanatorium Committee has already reviewed the figures and is considering both the cause and any remedial action that can usefully be taken.

The Minister of Health requests that the Annual Reports of District Medical Officers of Health should be available by the middle of May, but unless the statistics relating to County Districts are received at an earlier date from the Registrar General, this request cannot be acceded to.

In 1937 the figures for 1936 were not available until the 20th May.

#### *Death Rates 1936.*

In connection with the death rates given in Table I. of this Report the following Table is submitted in order to allow of comparison between the Districts, viz. :

District.		No. of Deaths.	Crude Death rate.	Correcting Factor.	Adjusted Death rate.
URBAN.					
Bewdley Boro'	—	58	13·6	·92	12·5
Bromsgrove	—	261	11·4	·96	10·9
Droitwich Boro'	—	78	17·2	·76	13·0
Evesham Boro'	—	123	11·2	·96	10·7
Halesowen	—	350	10·2	1·16	11·8
Kidderminster Boro'		405	12·8	·91	11·6
Malvern —	—	241	13·7	·70	9·6
Oldbury Boro'	—	442	10·3	1·22	12·6
Redditch —	—	274	12·3	·99	12·2
Stourbridge Boro'	—	389	11·2	1·04	11·6
Stourport —	—	118	15·3	·96	14·7
RURAL.					
Bromsgrove	—	218	11·5	·90	10·3
Droitwich —	—	140	12·9	·80	10·3
Evesham —	—	174	12·5	·86	10·7
Kidderminster	—	99	12·7	·83	10·5
Martley —	—	149	14·0	·82	11·5
Pershore —	—	170	12·8	·82	10·5
Tenbury —	—	88	16·6	·78	12·9
Upton-on-Severn	—	169	13·2	·70	9·2

The correcting factor is said to represent the population handicap to be applied to the area, so as to allow of the variations in age and sex constitution of the district being taken into account ; the adjusted death-rate then allows of comparison with the figure for England and Wales or the adjusted death-rate of any other district.

The Table of notifiable diseases, given later in this report, shows to what extent the County was affected last year.

I have no reason to think that there was any noteworthy source of sickness or invalidity in the area during the year. The outbreak of influenza in the latter part of 1936, which extended into 1937, was responsible for a certain number of deaths from Influenzal Pneumonia but the severity was not so marked as in the outbreak of 1933, although the deaths for the year 1936 were above the average.



## SECTION B.

### General Provision of Health Services for the Area.

#### *Staff.*

No changes or additions were made in the County Medical or Nursing Staff during 1936.

I regret to record the deaths of Dr. John Wilkinson, who was Medical Officer of Health for the Rural District of Droitwich for a great many years; and the untimely death of Dr. Gilbert Cochrane, who was Medical Officer of Health for the enlarged Bromsgrove Urban District and also Medical Officer to the Joint Isolation Hospital at Hill Top, Bromsgrove.

#### *Laboratory Services.*

The new Laboratory situated in the County Buildings has been completed and is now in full use.

The new premises will allow of considerable additional work being undertaken should the need, in future, arise; the present accommodation and equipment is most satisfactory. It is proposed to do in the new Laboratory milk sampling work which is now done, by arrangement, in Birmingham.

There can be little doubt that microscopic serological tests provide an aid to the practitioner in arriving at a diagnosis and in detecting carriers which will be a service of increasing importance in future years while the control of the milk supply, to safeguard the health of the community, is largely dependent upon bacteriological and animal tests.

#### *Ambulance facilities.*

The ambulance services in the County for infectious and non-infectious cases, details of which were given in my report for 1935, are reasonably sufficient for the needs of the County.

#### *Nursing in the Home.*

As previously reported the main provision is through the District Nursing Associations (78 in number).

Financial assistance is given by the County Council on account of general nursing, midwifery, cases of ophthalmia neonatorum and for advanced cases of tuberculosis in the home. There would be an advantage if relief nurses were available to give advice upon the nursing of measles and whooping cough cases in epidemic periods.

The requirements of the Midwives Act 1936 has speeded up the formation of district nursing associations for parishes previously without the services of a district nurse and the whole of the county will be covered with a nursing scheme by the 30th June 1937.

The Lye and Wollescote Nursing Association, which temporarily suspended activities, has now restarted.

The Public Health Act 1936 which comes into operation in 1937 will require the contributions in aid of District Nurses, previously made by the Old Board of Guardians and later by the County Public Assistance Committee, to be dealt with as a Public Health function.

There is considerable difficulty in obtaining the service of suitable nurses. Quite a number of comparatively young midwives have elected to surrender their certificates voluntarily. The difficulty is most acute in connection with the resident appointments in Maternity Homes, this being accentuated by the counter attraction of municipal and county appointments.

### **Clinics and Treatment Centres.**

References to these matters will be found under their respective headings.

### **Hospitals — Public and Voluntary.**

A list of all Hospitals — Public and Voluntary — ordinarily used by the inhabitants of the county was given on pages 8 and 9 of my annual report for 1935.

The co-operation between the Hospital Committees and their Medical Staffs and the County Council is most satisfactory and the treatment of cases of illness for which the County Council is responsible has been effected without difficulty.

The Voluntary Grants made to Hospitals in or serving the County have recently been reviewed, and an additional sum is being provided on this account in the estimates for the year 1937-38.

### **Institutional Medical Services.**

No major alterations have been made during the year but the Public Assistance Officer, Mr. S. C. Meredith, informs me that the following improvements were carried out or approved at Public Assistance Institutions during 1936 :—

- |                       |   |
|-----------------------|---|
| <i>Bromsgrove.</i>    | Reconstruction of main building of Institution completed, and furniture and equipment provided. |
|                       | Wireless equipment installed in main building.  |
|                       | Resurfacing of roadways and yards at the Institution approved.                                  |
|                       | Provision of improved ventilation in laundry approved.  |
| <i>Kidderminster.</i> | Installation of modern automatic electric lift approved.  |
|                       | New Boiling Pan installed.  |
| <i>Oldbury.</i>       | Erection of New Relief Offices at Langley completed.  |
| <i>Pershore.</i>      | Two new Steam Jacketed Boiling pans installed.  |
|                       | Improved hot water supply system provided in Infirmary.   |

### **Medical Out-Relief.**

There has been no change in the general policy of the Council. As vacancies occur slight modifications in districts are made if desirable. All new appointments are of a temporary character so that any change in policy may, if decided upon, be introduced without difficulty.

### **Institutional Provision for the Care of Mental Defectives.**

The proposed new Colony for Mental Defectives has not yet been commenced. Except for a few cases in County Public Assistance Institutions the County Council is at present dependent upon Institutions maintained by other Authorities.



### Midwives Acts, 1902 — 1926.

The local administration of these Acts has continued on similar lines to those recorded in previous reports and there is nothing unusual which needs to be mentioned.

The inspection of Midwives is carried out by the Assistant County Medical Officers.

The number of Midwives who gave notice of intention to practice during 1936 was 300 and of these 6 were untrained.

The total births notified in the Administrative County in 1936 were 4,880 and of these 69% were attended by Midwives. Actually 5,095 Births were registered as belonging to the Administrative County, the difference between these two figures being mainly accounted for by births in Hospitals outside the County.

#### *Grants for loss of practice in 1936.*

Grants have been paid to 13 Midwives, in six instances for loss of fees owing to suspension, in 4 instances where patients have been removed to Maternity Homes or Hospitals on account of complications, and in 3 cases where owing to the poverty of patients no Midwifery fee was obtained.

The amount paid under this heading last year was £43 5s. 6d.

The four subsidies paid to independent Midwives who practised in sparsely populated areas will cease under the new Scheme of the County Council in accordance with the provisions of the Midwives Act, 1936, to which reference is made later in this report.

During 1936 medical aid was sent for by Midwives in 1,475 instances.

The following Table gives the variation in figures during the past 10 years. It is significant that although the number of births remains more or less stationary the number of medical aid records received continues to increase. The figure for 1936 (1475) was the highest during the last ten years and represents approximately 30% of the total notified births.

Year.	Registered Births.	Medical Aid Records.	Number of Claims.	Fees paid.	Amount recovered.
1927	5090	966	516	£767	£112
1928	5108	986	602	£1043	£141
1929	4953	1088	725	£1282	£211
1930	4964	1082	697	£1260	£210
1931	5033	1110	828	£1341	£223
1932	4772	1121	813	£1250	£298
1933	4678	1224	880	£1375	£382
1934	4703	1258	767	£1124	£335
1935	4858	1462	836	£1450	£309
1936	5095	1475	1105	£1753	£416

The Table also demonstrates the steady annual increase in the number of claims for payment from the County Council made by the practitioners called in by Midwives.

Of the 4,880 Births notified in the County, 635 were confined in Hospitals or Homes in the County. Midwives attended 2,937 domiciliary cases as Midwives and in 1,208 cases where a Doctor was booked to attend at the patient's own home. The remaining 100 domiciliary confinements were attended by doctors, and details of the qualifications of the Maternity Nurses or "handy women" in attendance are not known.

The 215 Births (being the difference between the registered births attributable to the County and those actually confined and notified in the County) were in the main, Institutional cases, about half the total being delivered in the Hallam Hospital, West Bromwich, and the balance in Worcester, Birmingham and other outside Hospitals.

### **Midwives Act, 1936.**

The principal object of this Act is to provide throughout the Country a domiciliary service of salaried Midwives under the direct control of the County Council or through the agency of a Voluntary Association receiving grants in aid. This important step will result in an immediate improvement in the financial position of practising Midwives and it is confidently believed this will produce in the future a higher status for the Midwife and an improved Maternity service.

The scheme of the County Council came into operation in a large part of the County on the 1st April 1937 and should be in full work by the 31st July 1937.

It provides for the Midwifery work of the County, except in the Borough of Stourbridge, to be undertaken by District Nursing Associations affiliated to the County Nursing Association and Grants amounting to £6,800 are being made for the year 1937-38. The figure for future years will increase to allow of salary increments.

In the Borough of Stourbridge the work will be undertaken by four whole time County Midwives.

As far as possible the interests of the independent Midwives have been studied.

On the 1st April 1937 the Council of the Borough of Oldbury became the Local Supervising Authority under the Midwives Acts. This area was excluded in preparing the County Scheme under the Midwives Act, and all functions under the Midwives Acts and in connection with the Maternity and Child Welfare Scheme are undertaken by the Local Authority independently of the County Council.

The time available for the preparation and submission of the County Scheme was very short, but active Sub-Committees appointed by the County Council and the County Nursing Association worked very hard and the proposals were agreed upon and submitted to the Ministry of Health by the required date.

The adjoining County Authorities conferred at Worcester in the hope that some degree of uniformity might be reached as to the salaries to be paid to Midwives.

Local Conferences were also held to deal with new Associations to be formed and alterations to and amalgamation of districts covered by existing District Nursing Associations.

A representation by the Midwives Institute relating to salaries was referred to the Ministry of Health but the proposals of the County Council were duly confirmed without amendment.

The following are some of the provisions adopted by the County Council and agreed to by the County Nursing Association on behalf of the affiliated District Nursing Associations.



*Affiliation.*

All Associations receiving Grants from the County Council in aid of their Midwifery service must affiliate to the Worcestershire County Nursing Association or a similar Association of an adjoining County: this latter applies to two out-County Associations, one in Herefordshire and one in Gloucestershire.

*Salaries.**Nurses with Central Midwives Board Certificate.*

Commencing salary, £160 per annum. Seventy-five per cent. of future agreed increases up to a total of £180 per annum will be recoverable from the County Council.

In the case of a Midwife attending 50 or more Midwifery cases per annum, the maximum figure is £200 in place of £180.

*State Registered Nurses with Central Midwives Board Certificate.*

Commencing salary — £200 per annum. Seventy-five per cent. of future agreed increases up to a total of £220 per annum will be recoverable from the County Council.

In order to try to obtain larger Nursing Association districts, the County Council has informed Associations that they are not prepared to contribute towards increases above the minimum salary where Associations serve less than 1,000 persons.

*Pensions.*

It is a condition that all Nurse Midwives employed by Voluntary Associations must be included in a Pension scheme, unless the County Council is satisfied that special circumstances, such as age, exist. No exceptions have so far been approved.

*Motor Transport.*

About one-third of the affiliated Associations have been recognised as "Car areas" and the maintenance grant has been fixed at £35 per annum. A further sum of £500 has been provided to assist certain Associations in connection with the initial purchase of Cars: this is a capital and non-recurring payment.

*General.*

The Grants to the County Nursing Association have been substantially increased on account of administration and Relief Nurses. Some difficulty is being experienced in obtaining Relief Nurses, but the assistance promised will allow of Associations obtaining relief Nurses at a nominal rate of about 10/6 per week.

The County Nursing Association is provided with an annual sum of £345 to distribute in aid of telephones or any other special circumstances which arise in connection with affiliated Associations.

I wish to acknowledge the assistance given by Agatha Lady Hindlip and Mrs. H. R. Johnston, the President and Honorary Secretary of the County Nursing Association respectively in connection with the preparation of the County Scheme.

The fact that a change of County Superintendent actually occurred whilst the proposals were being formulated would have proved calamitous had not these Voluntary Officers been willing to give an immense amount of time and thought to the innumerable problems to be solved, if Voluntary effort and the local Authority's responsibilities were to be welded into an efficient working organisation. My thanks are also due to Mr. Robert Hill, the Chairman of the Administrative Health Committee who has given unstintingly of his time. I venture to suggest he has learnt a great deal of the geography of the County in attending local Meetings in the County, most of which occurred in the late afternoons or evenings of the winter months.

Finally it may be well to say that very important duties are placed on District Nurse Midwives in this County. The Nurse is in a number of instances required to act as a part time Health Visitor in addition to her duties as District Nurse and Midwife. She starts with the initial advantage that she should know intimately the history and peculiarities of the inhabitants of her Nursing area. She has, further, unique opportunities of gaining their confidence which is the most potent factor in successful Health Visiting. The disadvantage is that their training in general is less suitable for the work than that of the whole time Health Visitor.

The County Council has decided that the advantages of the local Nurse in Rural areas outweigh the disadvantages. The future work of these Nurses employed by Associations will decide whether this decision is right or wrong.

For my part every effort will be made to try and assist District Nurses with these important duties. In this connection a memorandum relating to duties as Health Visitors was prepared several years ago and has recently been brought up to date and issued to all District Nurses.

A whole time Health Visitor is available to assist District Nurses in any difficulties that may arise in connection with this work. Lectures are held on professional subjects from time to time and finally the salaries provided for well trained Nurses should in future attract the type of Nurse who is not only competent but will have the energy, time and tact to carry out these duties successfully.

### Maternity Hospitals.

*The Lucy Baldwin Maternity Hospital, Stourport-on-Severn.*

This Hospital, which was opened on the 16th April 1929, was provided through the generosity of Sir Julien Cahn, and the personal interest of Mrs. Stanley Baldwin.

The third extension made to the Hospital by Sir Julien Cahn was opened by the Prime Minister (the Right Hon. Stanley Baldwin) on the 5th January 1937.

These extensions consist of three single-bed wards, one two-bed ward together with additional administrative accommodation.

The Hospital now consists of 18 beds with an isolation unit of two beds.

The following particulars give information as to the year's work :—

No. of beds in 1936	—	—	—	—	14
No. of cases admitted	—	—	—	—	253
Average duration of stay	—	—	—	—	17 days.
Cases delivered by Midwives	—	—	—	—	218
Cases delivered by Doctors	—	—	—	—	27
No. of cases where medical assistance was necessary	—	—	—	—	71
No. of Puerperal Fever cases	—	—	—	—	Nil.
No. of Puerperal Pyrexia cases	—	—	—	—	10
No. of Ophthalmia Neonatorum cases	—	—	—	—	Nil.
No. of maternal deaths	—	—	—	—	1
No. of infant deaths					
(1) Still born	—	—	—	—	8
(2) Within 10 days of birth	—	—	—	—	4



The medical staff consists of Dr. R. S. MacArthur and Dr. C. Mackie.

Dr. E. Stanley Robinson who has been the senior member of the staff since 1929 has recently resigned.

The Management Committee accepted his resignation with reluctance and regret and placed on record their high appreciation of the valuable services he has rendered to the Hospital.

The Consultants are Professor Sir Beckwith Whitehouse and Mr. A. Danby.

I am most grateful to these gentlemen and to the Matron (Miss E. Sayers) for the very efficient services they continue to render at this Hospital.

*The Mary Stevens Maternity Home, Stourbridge.*

This Home contains 16 beds with an isolation unit of two beds. The Home was the gift of Mr. Ernest Stevens of Prescott House, Stourbridge.

The following information is given as to the year's work :—

No. of beds	—	—	—	—	—	16
No. of cases admitted during the year					—	293
Average duration of stay		—	—	—	—	14.9 days.
No. of deliveries	—	—	—	—	—	163
No. of cases attended by Midwives			—	—	—	163
No. of cases where Medical assistance was sought						126
No. of Puerperal Fever cases	—	—	—	—	—	2
No. of Puerperal Pyrexia cases	—	—	—	—	—	12
No. of cases of Ophthalmia Neonatorum					—	3
No. of Maternal Deaths	—	—	—	—	—	4*
No. of infant deaths						
(1) Stillborn	—	—	—	—	—	16
(2) Within 10 days of birth			—	—	—	9

\* 3 of these died elsewhere.

Reference was made in my last report to a series of unusual and difficult cases, but since then the hospital routine has resumed without any untoward events.

I wish to record the valuable help I have received from the Medical Officer (Dr. G. Meldon) the Matron (Miss Garrett) the Sister (Miss Winters) and the Staff.

*Greenhill Hostel, Kidderminster.*

The County Council subsidises this Hospital for unmarried mothers to the extent of £420 per annum.

There are 3 beds for Maternity cases.

34 cases were admitted during 1936 and the average duration of stay was four months.

30 cases were delivered by Midwives and 4 by Doctors. Medical Assistance was sought in 15 cases.

There were no maternal deaths, nor any case of Puerperal Fever, Puerperal Pyrexia or Ophthalmia Neonatorum.

All the infants were live born.

*Public Assistance Hospitals.*

81 cases were admitted to the County Public Assistance Hospitals during 1936 as under :—

	Beds provided.	Admissions.	Births.
Kidderminster	— 4	27	21
Evesham —	— 6	38	31
Upton-on-Severn —	— 1	*2	1
Martley —	— 2	14	14
	—	—	—
	13	81	67
	—	—	—

\* 1 delivered before admission.

**Complications of pregnancy and labour (excluding notified Puerperal Pyrexia and Fever).**

*Hospital Treatment.*

In 38 cases the County Council provided Hospital or out-patient treatment in Voluntary Hospitals at a cost of £336 10s. 10d. for complications (other than febrile) of pregnancy.

These cases received treatment as under :—

Worcester Royal Infirmary	—	—	27
Kidderminster General Hospital	—	—	7
Birmingham Maternity Hospital	—	—	2
Other Hospitals or Homes	—	—	2

Consultants were provided to assist General practitioners in 19 instances at a cost of £111 6s. 0d.

Fourteen consultant ante natal sessions were held at The Mary Stevens Maternity Home and the Lucy Baldwin Maternity Hospital, when 71 cases were examined at a cost of £70 17s. 6d.

#### *Puerperal Pyrexia and Puerperal Fever.*

During 1936 19 cases of Puerperal Fever and 66 cases of Puerperal Pyrexia were notified. In 10 instances Consultants were provided. Thirty-four cases were removed to the following Hospitals :

Kidderminster	—	—	—	9
Sparkhill, Birmingham	—	—	—	2
Worcester	—	—	—	14
General, Birmingham	—	—	—	7
Corbett	—	—	—	1
Bromsgrove Cottage	—	—	—	1

The consultants fees amounted to £34 2s. 0d., and Hospital fees to £201 4s. 4d. Serum in two instances was provided at the request of practitioners where removal to Hospital was not desirable.

In some districts the local Authority provide an Ambulance service for the use of their residents. It was necessary for the County Council to arrange for conveyance to Hospital in 12 cases of Puerperal infection and in 20 other instances, where complications arose ; the total cost amounting to £60 12s. 0d.

#### *Maternal Mortality.*

The following Table sets out the Registrar Generals figures for Worcestershire based on death certificates. These deaths are classified as due to (1) Puerperal Sepsis (2) Other accidents and diseases of pregnancy :—



Year.	No. of Live Births Registered.	Deaths from Puerperal Sepsis.	Other Puerperal Causes.	Puerperal Mortality Total.	Rate per 1,000 Live Births.
1936.	5095	12	16	28	5.5
1935.	4858	6	9	15	3.08
1934.	4703	8	16	24	5.10
1933.	4488	10	10	20	4.45
1932.	4772	10	12	22	4.61
1931.	5033	6	11	17	3.37
1930.	4964	17	11	28	5.64
1929.	4953	13	12	25	5.04
1928.	5108	5	15	20	3.90
1927.	5090	13	19	32	6.28
1926.	5309	11	15	26	4.89
Average	4943	10	13	23	4.74

If the mortality rates are calculated on the total births registered instead of on live births only the total maternal death rates in the County for the past six years would be :

1936	—	—	5.29
1935	—	—	2.96
1934	—	—	4.88
1933	—	—	4.27
1932	—	—	4.42
1931	—	—	3.25

In 1935 the Puerperal Mortality Rate was the lowest recorded in the County during a ten year period. The year 1936 provides unsatisfactory figures of which some details are given below :

Records of 31 deaths caused by or associated with pregnancy during 1936 have been examined.

In one instance longstanding heart disease was the cause of death and in another death followed an operation for appendicitis.

The following details refer to the remaining 29 cases :

Seventeen deaths related to first confinements, sixteen cases were Midwives cases, 7 were Doctors cases, 5 were institutional cases and one cannot be assigned to any party as the patient concealed her illness until a late stage.

Sepsis was a major factor in 13 cases. In six instances it followed upon a normal labour and in one case after abortion.

Four deaths followed Caesarean Section, performed for eclampsia in two cases and for obstructed labour in the remaining two instances.

Of the 17 deaths associated with first confinements 13 were 30 years of age or under ; in the twelve multiparas, 3 were forty years of age or over and 4 were 30 or under.

As previously mentioned five deaths resulted from eclampsia, (two following the operation of Caesarean Section) four were caused by pulmonary embolism and three by Toxaemia of pregnancy. In one instance pregnancy was unsuspected and was discovered during an operation for a suspected acute abdominal condition. The remaining four cases included one of ectopic gestation, one of ruptured uterus following failed forceps delivery, one from shock following difficult labour caused by Hydrocephalus, and one case where heart failure was entered as the cause, but the actual diagnosis was a question of doubt.

It is disappointing to have to report these unsatisfactory figures in view of the considerable efforts made by the County Council in connection with the Maternity and Midwifery service. I trust that the average over a period of years, which provides more reliable evidence will show some improvement.

Sepsis as a cause is outstanding. Six cases followed normal labour, six cases after complicated labour and one followed abortion. There were two cases in an Institution, otherwise no association between cases existed.

Midwives gave notice of "liability to be a source of infection" in 65 instances during the year and suspension was enforced in all appropriate cases.

The new treatment with the Prontosil group of drugs and early removal to Hospital have already been proved the most hopeful forms of treatment yet discovered. Because of these I look for some improvement, but it is prevention of the occurrence

of these septic cases which is of still more importance, in which connection the object of the Midwives Act, namely an improved Midwifery service is a factor of major significance.

### Dental Treatment of Expectant Mothers.

Assistance was given in 36 cases during 1936 at a cost of £43 19s. 0d. The treatment is given by private dentists, and the amount recovered from patients was £6 1s. 0d.

The treatment is limited to extractions and fillings and dentures are not provided.

### Ante Natal Clinics.

The figures for average attendances and first visits are set out below :

Ante Natal Clinic.				Average Attendance.	First visits.
Bromsgrove	—	—	—	8	33
Blackheath	—	—	—	15	66
Cradley	—	—	—	8	58
Evesham	—	—	—	8	137
Halesowen	—	—	—	23	116
Lye	—	—	—	13	119
Lucy Baldwin Maternity Hospital	—			24	166
Mary Stevens Maternity Home	—			8	169
Newtown, Malvern	—	—	—	8	34
Stourbridge	—	—	—	16	117
Worcester	—	—	—	6	64
Other Infant Welfare Centres			—		115
Total cases attending for first time					1,194

The total (Live and Still) Births notified in 1936 in the Maternity and Child Welfare County were 3,691 and of this number approximately one-third were under supervision at ante natal clinics, etc.

In addition 1,602 first visits were also made by Health Visitors and Districts Nurses, to the homes of expectant mothers during the year.



*Ante natal supervision in rural areas.*

It is hoped that a general practitioner ante-natal service may be established for the Borough of Evesham and surrounding rural areas.

To provide separate ante natal clinics in every small town and village would be a hopeless and useless procedure. The alternative is to use and pay the General Practitioner for his services.

This method has had a fairly extensive trial in several Counties, notably Hampshire and Cumberland; in the latter County it is applicable to the whole Administrative County. In the former, it applies to the more Rural part only, Clinics being still used for Urban Communities.

Midwives in the area covered by such arrangements are instructed to refer their *booked cases* to the General Practitioner (if he agrees to co-operate) twice in the ante natal period.

The expectant mothers fall into two classes, insured and non-insured, in the former they are entitled to these examinations under the provisions of the National Health Insurance Acts, but unless arrangements are made, the details of these examinations would not be available for or controlled by the Local Authority.

The fees payable are usually 5/- per examination and report on each uninsured patient. The arrangements usually provide for :

- (1) Full general medical examination early in pregnancy.
- (2) Full obstetrical examination late in pregnancy 32—36 weeks.

The examinations take place at the Doctor's Surgery or the patient's own house. In the latter instance, mileage allowance is also commonly provided for. In one area this is fixed at 1/- per mile, one way, for distances over 3 miles from the doctor's surgery. Another area pays 3d. per mile each way outside a radius of one mile from the doctor's surgery.

The introduction of such a scheme requires the co-operation of the medical profession; and this method appears to provide the most logical solution of ante natal care in Rural areas.

### **Health Visiting and Infant Welfare.**

Infant Mortality Rate per 1,000 Births 1936	—	51
Average Infant mortality rate for the years 1926—35	—	61

Apart from the more Rural parts of the County where District Nurses undertake the combined duties of Midwifery, Health Visiting and District Nursing, the County Health Visiting work is undertaken by whole time County Health Visitors. There are 12 whole time Health Visitors (other than School Nurses) and their work lies chiefly in the Urban areas.

The following Table shows the County Council and Voluntary Infant Welfare Centres in the County together with average attendances :—

*County Council Centres.*

		Opened.			Average attendance
Blackheath	—	Weekly	—	—	125
Bromsgrove	—	Weekly	—	—	95
Cradley	—	Weekly	—	—	46
Crabbs Cross and Astwood Bank		Fortnightly	—	—	21
Catshill	—	Weekly	—	—	43
Droitwich	—	Fortnightly	—	—	42
Halesowen	—	Weekly	—	—	104
Lye	—	Weekly	—	—	79
Rubery	—	Weekly	—	—	38
Redditch	—	Twice weekly	—	—	47
Stourport-on-Severn		Fortnightly	—	—	42
Worcester	—	Fortnightly	—	—	6

*Voluntary Infant Welfare Centres.*

Alvechurch	—	Fortnightly	—	—	14
Beoley	—	Monthly	—	—	20
Broadway	—	Fortnightly	—	—	17
Belbroughton	—	Weekly	—	—	6
Bretforton	—	Fortnightly	—	—	24
Badsey	—	Fortnightly	—	—	23
Evesham	—	Weekly	—	—	49
Fairfield	—	Weekly	—	—	7
Littleton	—	Fortnightly	—	—	19
Malvern Link	—	Weekly	—	—	39
„ Poolbrook	—	Weekly	—	—	35
„ Newtown	—	Weekly	—	—	31
Norton	—	Monthly	—	—	19
Ombersley	—	Fortnightly	—	—	17
Stourbridge	{	I.W.C. twice weekly			63
		Toddler's Clinic Fortnightly			
Tardebigge	—	Fortnightly	—	—	15
Upton-on-Severn	—	Monthly	—	—	9
Wribbenhall	—	Fortnightly	—	—	23
Wythall	—	Fortnightly	—	—	19
Welland	—	Fortnightly	—	—	7

### **Nursing Homes Registration Act, 1927.**

In 1936 there were 32 Nursing Homes on the Register.

Each home is visited half-yearly by an Assistant County Medical Officer whose report is submitted to me.

The following action was taken in 1936, viz. :

No. of applications for Registration —	—	—	2
No. of Homes Registered	—	—	2
No. of Orders refusing or cancelling registration	—	—	—
No. of appeals against such orders —	—	—	—
No. of applications for exemption from registration	—	—	—
No. of applications for re-registration when removed to new premises —	—	—	2
Homes have been exempted from Registration	—	—	9

The County Council has agreed to the duties under this Act being transferred to the Oldbury Borough Council for the area covered by that Authority. This alteration was consequent upon Oldbury Borough becoming a Local Supervising Authority under the Midwives Acts and it was thought the transfer would be of advantage in that the registered Nursing Homes in the area are at present only used for the reception of Midwifery cases.

### **Birth Control.**

An arrangement has been made whereby cases are referred to the Birmingham Women's Welfare Centre to which the County Council make a small annual donation.

No Birth Control Clinics have been established by the County Council in the administrative County.

### **Ophthalmia Neonatorum.**

The following Table shows the number of cases in 1936 together with particulars of treatment and the result :—



Cases.			Vision unim- paired.	Vision im- paired.	Total Blind- ness.	Deaths.	Re- moval from district.
Notified.	Treated.						
	At Home.	In Hospital.					
County M. & C.W. area — —	6	5	10	1	—	—	—
Kidderminster Borough —	1	6	6	—	—	1	—
Oldbury Urban District —	4	1	5	—	—	—	—
	11	12	21	1	—	1	—

On the 1st April 1937 new Regulations came into force by which all notifications will be sent direct to the County Council.

This will not however apply to the Boroughs of Kidderminster and Oldbury which are separate Maternity and Child Welfare Authorities.

#### Educational Work.

During 1937, Lectures on Health subjects were given to the local branches of the Women's Institutes and similar organisations.

At the County Infant Welfare Centres the following honours in the National Parentcraft Competitions for 1936 were obtained, viz. :—

Blackheath.	This Centre was successful in securing second place in the Astor Challenge Shield Competition 1935-36 and were thus entitled to hold the Kettering Shield. In addition they obtained: 2 first class certificates. 1 second class certificate. 4 honours certificates.
Rubery.	4 first class certificates. 3 second class certificates.
Malvern.	2 first class certificates. 4 honours certificates.
Halesowen.	3 first class certificates. 2 second class certificates. 1 honours certificate.

The following Lectures were given to District Nurses and Midwives during 1936 and it is most encouraging to find that the large attendances continue.

- |           |                        |  |
|-----------|------------------------|--|
| 10.3.36.  | Dr. Harley Williams.   | Lecture on Tuberculosis.   |
| 20.5.36.  | Miss Thomas.           | Supplementary and complementary feeds in connection with Breast feeding and the procedure followed by weaning. |
| 17.6.36.  | ditto.                 | Breech presentation—its cause, diagnosis and management.   |
| 22.7.36.  | ditto.                 | Ante natal care :<br>1. to prevent disproportion.<br>2. to prevent Toxaemia.                                   |
| 16.10.36. | Dr. St. Clair Roberts. | Discharge from eyes in newborn babies—its prevention and treatment.  |

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20 Lectures were given to Women's Institutes.

Mothercraft Lectures were given to the Senior children attending Elementary Schools at Cradley by Miss Robson, at Blackheath by Miss Ashton and at Evesham by Miss Vineall.

### **Milk Scheme, for Mothers and Infants.**

The Scheme given as an Appendix in my last Report came into operation on the 1st April 1936.

Milk, liquid and dried, Cod Liver oil etc., is supplied free to Nursing and Expectant Mothers and to Children under 5 years of age in those cases where such a course is recommended and where the family income comes within a definite scale.

Between the 1st April 1936 and the 31st March 1937 approximately £950 was spent in this direction, viz.: Urban areas £600, Rural areas £350.

In the Urban areas Dried Milk was mainly supplied and in the Rural areas liquid milk.

In addition to the sums above mentioned and which refer to the County Scheme only, a large amount of dried milk was supplied at or below cost price through the Voluntary Infant Welfare Centres.

### **Venereal Diseases.**

#### *Worcester Royal Infirmary Clinic.*

In my last report information was given with regard to the Clinic arrangements at Worcester Royal Infirmary which were not satisfactory; tenders have now been obtained for the erection of a new Clinic.

The cost will, in the first instance, be defrayed by the Royal Infirmary Committee and a new agreement is to be entered into with the Infirmary Committee by which the City Council and the County Council will make a rental payment over a period of 30 years representing interest and sinking fund charges at  $5\frac{1}{2}\%$  on the capital cost (estimated at £5,558). Work on the new building has commenced.

The arrangement for the pathological and bacteriological work of the Worcester Royal Infirmary Clinic being undertaken at the laboratory maintained by the Infirmary Committee came into operation in 1936.

The Clinic records show that there has been a marked increase in the number of new County cases of Gonorrhoea attending the centre, new out-patients numbering 32 as against 15 in 1935. There has also been a corresponding increase in the number of total attendances. Mr. Mark Bates, F.R.C.S., who is in charge of the Worcester Centre, states that the provision of an orderly has greatly added to the efficiency of the clinic work.

*Birmingham General Hospital Clinic.*

The bed accommodation for cases attending the Clinic at the General Hospital, Birmingham has been extended by the provision of 3 additional beds. The Worcestershire County Council, as minor partners in this Clinic have agreed to contribute their proportion of the additional cost which is being dealt with as a revenue payment.

*Kidderminster and District Hospital Clinic.*

*Stourbridge, Corbett Hospital Clinic.*

No alterations in staff or arrangements have been made.

*Dudley Guest Hospital Clinic.*

Information has been received that Dr. Wallace, the Medical Officer, is leaving to take up another appointment and arrangements are being made for the appointment of his successor.

*Cleveland House, Wolverhampton.*

Two pregnant women found to be suffering from Venereal Disease were admitted to this Special Hospital during 1936.

*General.*

The usual tabular statements are submitted from which it will be seen that the fall in the number of new cases of Syphilis continues.

The number of new cases of Gonorrhoea attending centres tends to increase again.

The improvement in the number of defaulters who ceased attendance before completion of treatment is very definite.



VENEREAL DISEASES, 1936.

Treatment Centre.	"NEW" OUT-PATIENTS.					"NEW" IN-PATIENTS.					IN-PATIENTS	Total Attendances of all Patients.					SALVARSAN SUBSTITUTES.		No. ceasing attendance before completion of treatment.	No. of specimens examined.
	"NEW" OUT-PATIENTS.					"NEW" IN-PATIENTS.						Total Attendances of all Patients.					SALVARSAN SUBSTITUTES.			
	Syph-ilis.	Gonorr-hoea.	Soft Chancre	Not V.D.	Total	Syph-ilis.	Gonorr-hoea.	Soft Chancre	Not V.D.	Total days.		Syph-ilis.	Gonorr-hoea.	Soft Chancre	Not V.D.	Total attend-ances.	No. Treat-ed.	No. of doses		
Worcester Royal Infirmary	11	32	—	27	70	—	5	—	—	202	628	1293	—	133	2054	—	268	10	558	
Kidderminster General Hospital	10	26	—	90	126	1	4	—	—	304	322	1121	—	211	1654	42	217	17	224	
Birmingham General Hospital	9	30	—	51	90	3	1	—	2	114	1343	1730	—	208	3281	171	965	14	889	
Guest Hospital, Dudley	5	13	—	6	24	1	—	—	—	1	365	955	—	14	1334	27	360	8	181	
Corbett Hospital, Stourbridge	12	16	—	10	38	3	—	—	—	129	411	1899	—	28	2338	51	232	24	233	
Totals 1936	47	117	—	184	348	8	10	—	2	750	3069	6998	—	594	10661	291	2042	73	2085	
Corresponding totals 1935	59	99	1	175	334	8	7	—	7	801	3080	6162	—	662	9904	318	1902	140	2010	

# VENEREAL DISEASES.

28

This Table compares the number of new County cases treated at Clinics in 1936, with those in the ten preceding years, viz. :—

Year	Worcester			Kidderminster			Birmingham			Dudley			Stourbridge			Grand Total
	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	
1926	—	27	36	28	15	43	12	19	31	4	19	23	7	23	30	163
1927	—	26	44	15	23	38	12	27	39	4	16	20	8	33	41	182
1928	—	25	41	17	19	36	17	18	35	3	16	19	10	17	27	158
1929	—	42	66	33	25	58	18	51	69	1	4	5	4	15	19	217
1930	—	40	60	35	27	62	23	43	66	15	14	29	17	36	53	270
1931	—	41	62	21	24	45	30	42	72	9	12	21	10	29	39	239
1932	—	35	55	21	23	44	23	55	78	4	15	19	11	15	26	222
1933	—	21	38	9	16	25	33	48	81	12	19	31	11	23	34	209
1934	—	21	38	14	10	24	21	35	56	6	11	17	12	17	29	164
1935	—	15	30	10	21	31	19	34	53	4	16	20	11	13	24	158
1936	—	32	43	10	26	36	9	30	39	5	13	18	12	16	28	164

## Orthopaedic Treatment of Cripples.

### *In-Patient Treatment.*

The following Table gives the number of Orthopaedic cases treated under County Schemes as in-patients in Hospitals :—

	Tubercular Crippling defects.	Crippling defects (other than T.B.)		Total.
		School Children.	Infants	
Birmingham Royal Cripples Hospital	43	31	10	84
Shropshire Orthopaedic Hospital	—	2	—	2
Warwickshire Orthopaedic Hospital	—	1	—	1
Worcester Royal Infirmary	—	4	10	18
Worcester, Newtown Hospital	—	10	—	10
Birmingham Children's Hospital	—	3	—	3
Kidderminster General Hospital	—	1	—	1
Margate—Rob Roy Home	—	1	—	1
<hr/>				
	62	44	14	120
<hr/>				

The 62 cases of tuberculosis were :—

Spine Cases	—	—	—	23
Other Bone and Joint Lesions				39

### *Out-Patient Treatment.*

The numbers of cases and total attendances at the Clinics are set out in the following Table :



1936.

Out-patient Centre.	Number of School Children attending.	Total attendances by School Children.	Number of Infants attending.	Total attendances by Infants.	T.B. Cases attending.	Total attendances by T.B. cases.
Stourbridge —	213	716	64	307	35	151
Redditch —	117	352	48	250	11	31
Worcester —	71	220	21	47	26	69
Broad St., Birmingham —	76	409	41	197	39	77

The work has been continued on similar lines to those adopted in previous years.

(a) *Stourbridge.*

The work of reconstruction of these premises has commenced and when completed the accommodation will be greatly improved.

*Massage Clinic.*

Miss McInnes, who is on the staff of the Birmingham Royal Cripples Hospital, is responsible to the visiting Surgeon for the massage and remedial exercises work at this centre.

There were 3,343 attendances at this clinic during the year. 2,914 were school children, 363 infants and 66 tubercular.

(b) *Redditch.*

No alteration in the clinic arrangements has been made but owing to lack of accommodation it has not been possible to provide remedial exercises and massage treatment at the Smallwood Hospital, Redditch and I have not, so far, been able to arrange for the treatment to be undertaken elsewhere.

(c) *Worcester.*

Miss Morson was appointed by the Worcester Association for Mental and Physical Welfare on the 11th May 1936 in place of Miss Lacey who has taken up another post. She is continuing the remedial exercises work in elementary schools, mainly in the south of the County, under the general supervision of Miss Woods. Information as to postural classes has been given in the School Report.

Consideration is being given to the possibility of extending this remedial work to the north of the County. Arrangements were made for discussion between the Birmingham Royal Cripples Hospital Staff and members and officers of the Worcestershire County Council. The Royal Cripples Hospital have since informed me that they are prepared to engage a Nurse with a Medical Gymnastic training for this purpose if the scheme can be formulated.

**Children Act, 1908, and Children and Young Persons Act, 1932.  
Infant Life Protection.**

At the end of the year there were 67 children in the care of 58 registered foster-mothers. 32 new cases were registered during the year, 4 children attained the age of 9 years and ceased to be subject to supervision, and there were 29 removals or transfers.

The Official Visitor (Miss J. C. Butler) reports that she paid 225 visits under this heading in 1936. As in former years, these included inspection of homes referred for possible registration, special health visits and interviews arranged with parents and foster parents.

The difficulties experienced in a number of cases in connection with delay in or non-payment of foster-mothers in respect of the children in their care continues. This problem has been commented on in previous reports.

Two children were admitted to Orphanages during the year.

The Worcestershire Diocesan Association for Moral Welfare Work and other Voluntary Organisations again gave valuable assistance in a number of cases.

The question of holiday homes arranged by Children's Aid Societies raises a question of procedure. A list of proposed homes is sent by certain societies to me and I give them confidential information on any that appear unfavourable. Notice is given to me when children are to arrive, and supervision is exercised, but the names of individual children are not formally entered in the Register.

The changed condition in industry with an acute shortage of female and young labour in certain towns has provided new problems.

There are now many mothers who go out to work by day, leaving their children with friends, relatives or other persons during working hours.

I receive no information that these children are being received and it seems very doubtful whether such notice could be properly required, but there does appear to be a need for some form of control to be exercised over the selection of the home and the persons receiving these infants.

The fact that these babies are not at their own homes adds to the difficulty of domiciliary health visiting, while the employment of the mother frequently interferes with the regularity of attendance at the Infant Welfare Centre.



## SECTION C.

**Sanitary Circumstances of the Area.***Bewdley Borough.*

The new 1,000,000 gallons Reservoir at Mount Pleasant was completed in 1936. The storage capacity is now equal to three days supply for the Borough of Bewdley and the Urban District of Stourport which latter area obtains a supply by arrangement.

*Droitwich Borough.*

A new 8" rising main and an additional storage reservoir (200,000 gallons capacity) have recently been completed.

*Evesham Borough.*

Consideration is being given to the means of augmenting the present water supply. The quality is satisfactory but the experience of recent years points to the need of an additional water supply being acquired.

*Stourport-on-Severn Urban.*

The extension of the water mains to the two added areas (Wilden and Areley Kings) was completed in 1936. Over eighty houses have been connected to the Urban District mains.

*Bromsgrove Rural District.*

*Parish of Wythall.* Extension of the Birmingham mains by 1,100 yards has allowed of the connection of 44 houses in Alcester Road and Dark Lane.

*Cofton Hackett.* Extension of the Birmingham Corporation mains in the West Heath and Gravelly Lane district has been effected, 110 additional houses being connected.

*Droitwich Rural District.*

The proposal to obtain a water supply from the Worcester Corporation for the Parish of Claines has been the subject of an Inquiry by the Ministry of Health. The County Council has promised assistance towards the cost of the scheme subject to a grant being given by the Ministry of Health.

*Evesham Rural District.*

The small parish of Bickmarsh has an unsatisfactory water supply. The Ministry of Health promised a contribution of £200 towards the cost of extending the mains and assistance from the

County Council also would have been available. The Evesham Rural District Council has decided not to proceed with the scheme which would be costly and unremunerative as no capital payments were promised from landowners in the parish.

*Kidderminster Rural District.*

*Chaddesley Corbett.* A piped water supply, obtained from the Cookley borehole, is available throughout the parish.

*Rock Parish.* The supply obtained from the Birmingham aqueduct is now available in most parts of this very large parish.

*Pershore Rural District.*

The Pershore water mains have been extended to Wick.

The village supply to Great Comberton has been improved.

Whilst many improvements have been made in recent years, it cannot be said that the water supply for Rural Districts in this County is yet satisfactory. There is still urgent need for financial assistance if these very necessary improvements are to be made possible. Difficulty in connection with the acquiring of re-housing sites is common, but in parishes where the wells give bad and brackish supplies the problem is almost hopeless unless roof water be collected and stored. The provision of a proper water supply adds much to the convenience of the housewife and the safety and cleanliness of the family and home.

I hope that the Ministry of Health can be persuaded that there is still much to be done and that further grants in aid of Rural Water Schemes will in the future be made available. The resultant benefit to the Rural worker and the dairy farmer should provide a factor which will counter the tendency to migrate from the villages to the towns.

### **Drainage and Sewerage.**

*Bewdley Borough.*

*Kidderminster Borough.*

*Stourport-on-Severn Urban.*

The Ministry of Health has held a Local Inquiry concerning an application by these three Authorities for loans in connection with sewerage and a joint disposal works. The County Council has promised assistance to the Borough of Bewdley in connection with the loan charges, for without such assistance the cost would be prohibitive.

The advantages are (i) the reduction in the number of disposal works in the area, (ii) the intermittent nuisance in connection with the present Kidderminster sewage farm will be obviated and (iii) the River Severn will no longer, in the future, receive the untreated sewage of Bewdley. I also hope that the serious pollution of the River Stour from that portion of the Kidderminster sewage which cannot be pumped onto the Sewage Farm will also be remedied.

Although the work has not yet started, I understand that tenders are being obtained and that if satisfactory the scheme will be approved.

#### *Bromsgrove Urban.*

One of the most important and long standing schemes is nearing completion. The main sewers for the old North Bromsgrove area (Catshill and Lickey) are almost complete ; the disposal site is at the old Bromsgrove Rural District Works at Aston Fields which are being extended and brought up to date.

The subsidiary sewers necessary for Catshill and Lickey area are now under consideration and also the alterations in connection with the disposal arrangements for Rubery, which area is to be dealt with by the Tame and Rea Basin Joint Committee.

#### *Evesham Borough.*

Consideration is being given to the need for improvements in connection with the disposal works which are situated near the river and also quite near the centre of the town.

The County Public Health and Housing Committee had the opportunity of meeting Members of the Evesham Borough Council and their Consulting Engineer but the circumstances were such that no financial assistance could be provided by the County Council in aid of this very desirable improvement.

#### *Malvern Urban.*

The sewerage of the Guarlford area was commenced in 1936 and will be completed in 1937.

#### *Oldbury Borough.*

The second instalment of the very extensive scheme for remodelling the sewage disposal works has commenced.

#### *Redditch Urban.*

Complaints have been received from time to time in connection with pollution of the River Arrow below the outfall of the Redditch Sewage Works.



There is little doubt that the existing works at times are not producing a satisfactory effluent but the County Council are informed that the Redditch Urban District Council have already called in a Consulting Engineer to advise them as to the action required to be taken.

*Bromsgrove Rural.*

*Parish of Wythall.* The Minister of Health has now approved the Scheme for this Parish and tenders have been invited for the carrying out of the work.

*Parish of Stoke Prior.* The Sewage Disposal Works for Stoke Works village was completed and brought into use during the year. All properties in the village have been connected up to this new works.

A Ministry of Health Inquiry was held and sanction obtained for sewerage and sewage disposal arrangements for (a) Finstall Village and (b) Stoke Heath and Folly Gardens in this Parish. The County Council has promised assistance in aid of these two latter schemes. It is anticipated that the schemes will be commenced this year.

*Parish of Cofton Hackett.* The Bromsgrove Rural District Council have taken over the sewers, pumping station and rising main laid to serve development in the West Heath District which is within the Trent Catchment area. An agreement has been entered into with the Birmingham Corporation for the conveyance and treatment of the sewage. The approved development relates to 390 houses; 67 houses had been completed at the end of 1936. Sewers laid by the developer for Cofton Hall Estate (part) were taken over by the Bromsgrove Rural District Council.

Work on the extension of the sewers to the new Aircraft Factory commenced early in 1937. This will necessitate the enlargement of the Alvechurch Disposal Works. Consideration is being given to the sewerage of Hopwood Village, which, if proceeded with, will also be connected with the Alvechurch Disposal Works.

*Droitwich Rural District.*

*Parish of North Claines.* Sewerage facilities and sewage disposal works are required for the village of Fernhill Heath. The County Council has promised assistance in aid of these works and a Ministry of Health Inquiry is to be held.

*Kidderminster Rural District.*

*Parish of Wolverley.* A scheme for the sewerage of Wolverley and Cookley Villages is receiving consideration.

*Martley Rural District.*

Engineers have been called in and proposals for sewerage and sewage disposal considered for the Rushwick area. The cost of the scheme is very heavy for the population to be served, but the existing conditions are so unsatisfactory that improvement is most urgently required. The County Council has promised assistance towards the cost. It is understood that certain difficulties have arisen in connection with the site for the pumping station and the charges for treatment and that these have delayed the submission of the application to the Ministry of Health.

### **Rivers and Streams.**

*River Stour.*

The unsatisfactory condition of the River Stour has been known since the Council came into being and many unsuccessful attempts have been made over a period of 40 years to improve the state of the river.

Mr. R. W. T. Owen, the County Sanitary Officer, presented a report on the present condition of the upper reaches of this river including Halesowen and Stourbridge, and his report shows that there is a considerable amount of pollution particularly from the Trade wastes of galvanising works in this County.

A further report on the lower Stour extending from above Kidderminster to the termination at Stourport-on-Severn has been made, which again discloses serious pollution from sewage and Trade effluents.

A communication has been sent to the manufacturers concerned stating that while the Council is willing to assist in any way they can, joint or individual action must be taken by firms to ensure that this form of pollution ceases.

A communication has also been sent to the Holloware Manufacturing Association stating that the Public Health Committee would be willing to meet them if any useful purpose would be served and in the event of a favourable reply the Staffordshire County Council would be willing to take part in the conference.

The River Severn Catchment Board has been asked to "declare" the River as far as the Shenstone Cross Roads, Halesowen, as a main river for the purpose of clearance. At the moment the river is only "declared" up to Cradley.



I have been familiar with the condition of the Stour for a number of years. The condition of the river a few years ago was better than today, the reason for this was the slackness of trade then prevailing. The improved position of industry merely accentuates the need for remedial action, and I can from personal observations confirm the most unsatisfactory state of the river described in Mr. Owen's report.

*Rivers Severn, Arrow and Avon.*

The County Analyst, Mr. H. E. Monk, has continued to co-operate with the Ministry of Agriculture and Fisheries, and other River Authorities in the annual surveys of these rivers and the data collected are consolidated into a Rivers report by the Officers of the Ministry and Agriculture and Fisheries.

Complaints have been received with regard to the state of the River Arrow below the Redditch Disposal Works. I met the Medical Officer of Health for Warwickshire at these works. It would appear that two distinct problems arise :—

- (1) the efficiency of the existing works to deal with the ordinary domestic sewage and trade waste of the area, and
- (2) the unsuitable trade wastes getting into the sewers, which interfere with the treatment in the aeration beds, and give a dark inky black colour to the effluent which discolours the river.

A firm of consulting engineers has been engaged to report on the first matter, and the trade effluent has been traced to its source : the factory owners have been requested by the Redditch Urban District Council to deal with this effluent other than by discharge untreated into the sewers.

SECTION D.

**Housing.**

(a) *Housing Act, 1936.*

This Act, which came into force on the 1st January, 1937, prescribes that if a Rural District Council claims that any of the houses which they propose to provide are required for the accommodation of the agricultural population of the district the County Council shall determine how many of the houses are so required and shall undertake to make to the District Council a contribution at the rate of £1 per house for each of the next 40 years. The provision which existed in the Housing Act 1930 that such houses shall continue to be occupied by persons of the agricultural population for not less than 9 months in any year would not appear to operate under the Act of 1936.



The numerous Acts dealing with the housing of the Working Classes have invariably recognised the District Councils as the primary Authorities. In certain of the earlier Acts the County Council had power of acting only when the responsible Authority was in default.

The Housing Act of 1930 gave the County Council further responsibilities in connection with Rural Housing and these duties have been re-enacted in the Act of 1936, Section 88 (1) of which provides that "It shall be the duty of the Council of every County as respects each Rural District within the County to have constant regard to the housing conditions of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the Council of the District have taken, or are proposing to take, to remedy these conditions and to provide other housing accommodation."

There is national concern at the depopulation of the countryside with the migration of workers to the towns, resulting in what appears to be an increasing difficulty, namely, the retaining of skilled workers to tend the stock and till the land. The higher wages and better housing conditions generally prevailing in towns are factors which are largely responsible for this population movement.

The County Council has with limited success administered during the last 10 years the Housing (Rural Workers) Acts throughout the County, and endeavoured to encourage and co-operate with the Rural District Authorities in connection with reconditioning of properties and in the housing of agricultural workers.

The new duties of the County Council above defined were first dealt with by progress returns which were required from each Rural District Council. It was further requested that the Inspection Records relating to working class houses should be completed for the whole district and kept up to date. Unless such up-to-date records are available, no proper proposals can be formulated, nor can the problem to be solved be defined.

A scrutiny of these paper returns disclosed that the more active and efficient Authorities had the greatest number of unfit houses to deal with, whilst in other areas no problems appeared to exist and even a "Nil" return was submitted in reply to a question asking for the number of occupied houses which were either condemned or which should be demolished in the whole Rural District.

I had no alternative other than to inform the Public Health and Housing Committee that these returns were unreliable and did not convey an accurate picture of the Housing needs of the areas.

The appointment of a County Sanitary Officer (Mr. R. W. T. Owen) made it possible for these duties in connection with Rural Housing to be undertaken in a more practical and useful manner by making District Surveys.

Up to date, the Survey has been completed for five Rural Districts, in which the following procedure has been followed :—

Two Parishes in each Rural District are selected by me. The County Sanitary Officer and the Local Sanitary Inspector then make a preliminary survey of all houses occupied by the working classes in these two parishes and records are made of all defects, overcrowding, rentals, etc. The total population of the ten Parishes so far dealt with is 7,300 and the total number of houses inspected 1,134. I then arrange with the District Medical Officer of Health to inspect all bad and doubtful properties discovered during this preliminary survey, and at the same time see other properties which are considered to be representative of the normal standard of the villages or hamlets.

The reports I made have, in each instance, on the instructions of the Public Health and Housing Committee been submitted to the Local Authority for their observations and enquiring as to action they propose to take.

Generally I must advise, as a result of the Surveys to date, there is no similarity in the housing standards of districts. In one area the standard is good ; in fact, I could not reasonably advise that it could be made generally applicable to the County except in the very distant future. In another district visited the standard is deplorably low and, even if allowance is made for the age of dwellings — many of the half timbered structures being several hundred years old — there remains a large number of properties of the early brick age, constructed with 4½" shell, frequently non-through, dark, damp and devoid of any conveniences, and in no sense indispensable features of beauty to the countryside. In one unsatisfactory Parish, the following is a summary of the findings :—

No. of Houses inspected	—	—	—	—	115
Houses statutorily overcrowded	—	—	—	—	4
Houses unfit for habitation	—	—	—	—	19
Houses without through ventilation, wholly or partially	—	—	—	—	26·1%



One or more fixed windows	—	—	—	21·7%
Dampness from various causes	—	—	—	48·7%
No proper foodstore	—	—	—	53·0%
Inadequate window space	—	—	—	16·5%
External disrepair	—	—	—	28·7%
Internal disrepair	—	—	—	32·1%
Dilapidated or insufficient washing accommodation				18·3%
Lack of effectual drainage, or defective drainage	—			25·2%
No proper sink, or sink absent	—	—	—	27·8%
Closet accommodation insufficient or defective	—			27·8%
Unpaved or inadequately paved yards	—	—		23·5%
Lack of cleanliness	—	—	—	9·5%

It can be no exaggeration to say that there are hundreds of families still living in deplorable houses which are damp, devoid of all conveniences, and completely worn out.

It is disappointing to note numbers of tied agricultural cottages which have been so neglected that they can only now be described as in a state of complete disrepair. It provides the strongest argument for future housing assistance being restricted to Local Authorities Schemes where regular work of repair and painting can be relied on.

An unfavourable feature is that some of the obviously unfit houses have been patched very superficially at the request of the Local Authority, and are still without larders, sinks, drains, or through ventilation, while dampness exists in varying degrees.

The postal returns relating to overcrowding probably provide underestimates, as several houses I visited owing to deficient height of bedrooms could not be ascertained to be overcrowded until measurements were taken.

If these Surveys are to prove useful the following points need emphasis :—

A certain standard (which obviously will vary in districts) of what constitutes a fit house must be fixed. A Manual issued by the Ministry of Health gives the Central Authority's view on the requirements considered essential for a "fit house" in a rural district. I believe these Surveys have served some purpose in that a reasonable standard has been advanced to each district as the minimum that should be required.



The County Survey has been restricted to two Parishes, but it is obvious that where up-to-date information is not available, similar surveys should be made in every other Parish, so that the total requirements of the District may be ascertained. I have noticed a reluctance on the part of several Rural Authorities to use the Clearance Sections of the Housing Acts for small Courts, rows of unfit houses and other groups which could be conveniently dealt with as areas. There seems to be an idea that "Slum Clearance," which is possibly an unfortunate term, is a procedure restricted to large urban areas and that every house in the rural district should be dealt with as an individual unit. I can only say that in the several instances of Clearance Schemes in small towns and villages in this County of which I have knowledge the preliminary details differ but little from those required for each individual house. The procedure not only works expeditiously, but the arrangements for re-housing of the displaced persons is secured.

I am impressed with the difficulty to be faced by District Councils and their officials in raising housing standards which are admittedly low. The cost of building is high and the acquisition of sites is not easy. The conflicting calls relating to the "Preservation of Rural England" and the "Protection of Young England" may be open to dispute, and not least of all the ability to pay the rental of the new house must exist without deprivation of food. The following information gives some idea of the rentals paid by the working classes in the rural districts where a survey has been made :—

<i>Rents.</i>	<i>Districts.</i>				
	No. 1.	No. 2.	No. 3.	No. 4.	No. 5.
Up to 3/- per week, & service cottages	9·5%	37·1%	43·1%	35·7%	31·4%
3/1 to 5/- per week	47·6%	37·1%	36·0%	50·3%	36·2%
5/1 to 10/- per week	41·7%	22·0 %	18·6%	12·1%	32·4%
Over 10/- per week	1·2%	3·8%	2·3%	1·9%	—

As will be seen, some rentals exceed 10/- per week, but it cannot be assumed that the high rentals all represent good houses, rather the contrary in fact.

I see no prospect of the Housing needs of rural Worcestershire being completed by December 1938 ; further, unless financial assistance in some form is available after that date, it is unlikely, and in fact would be unwise to consider rehousing the lesser paid workers, for as it was aptly put to me by a working man " I have tried A 1. food and a C 3. house and then an A 1. house and C 3. food, and I know which I and my family prefer." This man had re-occupied a condemned house after experience of a Council house.

I am grateful for the assistance given by the officers of District Councils, and to Mr. Owen who has put in many weeks on inspection and many hours on statistical data in making these Surveys complete and useful. It is pleasing to record that the good relationship between the District Councils and the Public Health Department has in no way been disturbed by the activities of the County Council in performing their statutory duties.

### **Housing (Rural Workers) Acts, 1926 and 1931.**

Compared with the year 1935 slight progress was made under these Acts last year, as 73 dwellings were reconstructed, the figure for the previous year being only 37. The total grants approved last year amounted to £6,210 19s. 4d., while loans amounting to £440 were made in respect of 5 of the dwellings. The total grants approved by the Committee since the introduction of the Council's scheme and up to the 31st December, 1936, amount to £40,864 9s. 0d. (568 dwellings), the loans totalling £2,900 4s. 10d. (61 dwellings).

While these figures are substantial, it is apparent from the information available in the Public Health Department that there are still Rural Districts in the County where little use has been made of the facilities afforded by the Acts. Last year, however, several applications were received from two areas where previously the Acts had not been used. This increased activity is partly due to attention being drawn to these facilities when the County Sanitary Officer was making, in conjunction with the District Sanitary Officers, an inspection of certain Parishes in connection with the Housing Act, 1936.

During the time the Council's scheme has been in operation, 13 dwellings have been constructed from premises not hitherto used for human habitation.



During the course of last year there was a progressive increase in the cost of building, and considerable difficulty was experienced by applicants in obtaining competitive tenders from reliable builders. This difficulty still exists, but your Committee are giving all practicable assistance to applicants with a view to overcoming this factor.

The provisions of the Restriction of Ribbon Development Act have been considered when dealing with applications relating to dwellings in proximity to classified roads, as it is realised that uniform action must be taken by the County Council. There are, however, many cottages adjoining main roads which do not possess a pantry, back kitchen, or sufficient bedroom accommodation, and it is probable these will continue to be occupied for a number of years; the owners are prepared to carry out any necessary improvements if assistance under the Housing (Rural Workers) Acts is available, but the Housing (Rural Workers) Acts Committee can only assist in such instances as the Committee responsible for the Ribbon Development Act express agreement.

There is a possible risk of owners using the Housing (Rural Workers) Acts as a means of delaying Local Authorities deciding upon the future use of a house. To obviate this, any reconstruction agreed to by your Committee is subject to the approval of the Local Sanitary Authority, and to the work being carried out with reasonable promptitude.

In connection with the annual review by the Committee of the conditions as to rental and tenancy, it was necessary in one case to require the owner to arrange for a change in the tenancy, as the existing occupant could not be considered to come within the definitions laid down in the Acts.

The Minister of Health has issued a circular and Report emphasising the importance of consistent and continuous publicity, and your Committee are considering the action which can be usefully taken.

In this connection the Committee have drawn the attention of the Minister to the fact that the Acts are due to expire on the 24th June, 1938. It is understood that the Minister is awaiting a Report from the Central Housing Advisory Committee on Rural Housing, and that when this is received, consideration will be given to the question of the continuance of the Acts.



### Tents, Vans, Sheds and Temporary Structures.

On the 16th January 1937 a conference was held at Worcester when representatives of all the Rural District Councils in the County and of certain interested Urban Authorities met to consider the problem of control of encampments particularly in the Severn Valley which the Chairman of the Public Health and Housing Committee (Mr. R. B. Worth) who presided thought might conveniently be considered under the headings of :—

1. Existing encampments which were considered unsatisfactory.
2. The erection of temporary buildings, etc. on unsuitable sites.
3. The control of future encampments on sites considered suitable for such purpose.

Mr. Worth considered the problem was better dealt with by prevention than cure ; in other words it was better to stop the building of unsuitable dwellings rather than face the difficulties of getting rid of them when once they existed.

He further stated that a negative attitude could not be adopted. The town dwellers must be allowed to enjoy the benefits of the countryside but this enjoyment must be subject to control, so that individual dwellings or encampments should not constitute a menace to health, or an eyesore and nuisance to the community at large.

After hearing the views of the representatives the position was summed up as follows :

#### 1. *Existing Encampments.*

- (a) The adoption of the recently revised code of model byelaws added to the powers of Local Authorities in that requirements regarding proper sanitary provisions related to existing as well as proposed camping sites.
- (b) Unsatisfactory encampments could be dealt with under the nuisance clauses of the Public Health Act, 1875, as exemplified by the Stourport-on-Severn Urban District.
- (c) The Housing Acts could be used either to deal with individual structures, or for dealing with large encampments under slum clearance. The definition of a house under the Housing Act, 1936 (Sections 23 and 26) included a hut, caravan, or temporary structure which was used for habitation and had been in the same enclosure for a period of two years before action was taken.

- (d) The Public Health Act, 1925, as re-enacted in the Public Health Act, 1936 (Section 268) with regard to overcrowding makes it clear that this is a nuisance in a tent, van or similar structure which can be dealt with.
2. *Prevention of erection of temporary buildings on unsuitable sites.*
- (a) The exercise of the powers under the building byelaws gives a certain amount of control in this direction.
  - (b) Section 53 of the Public Health Act, 1936, allows Local Authorities to exercise certain control over buildings constructed of materials which are short lived.
  - (c) Town Planning powers in connection with unsatisfactory sanitary provisions, or erected on unsuitable sites.
3. *The control of encampments on sites considered suitable for such purposes.*
- (a) The exercise of the powers as to the licensing of camping sites (Section 269, Public Health Act, 1936) should prove of great value; previously this power was only possessed in certain local Acts.
  - (b) The rigid adherence to the byelaws.
  - (c) The additional powers (which would also be of use in dealing with existing encampments) by which proceedings for abatement of a nuisance in connection with insufficient sanitary provisions may be served not only upon the occupier of a structure, but also upon the occupier of the land, if the structure has been erected with his knowledge.

The Meeting finally expressed the opinion that uniform action on the part of all Local Authorities was essential to deal satisfactorily with the problem and expressed the hope that the Authorities in the Administrative County would follow the procedure outlined.

### **Hop-Pickers' Accommodation.**

A visit was made by Sir Kingsley Wood, the Minister of Health, to the Worcestershire Hopfields on the 10th and 11th September 1936. I am satisfied that the farms he visited provided a fair picture of the average accommodation existing in the Rural Districts of Tenbury and Martley.

As a result of this personal tour of a number of the Camps in Worcestershire the Minister of Health expressed his satisfaction that real efforts had been made in many cases to improve conditions.

As a result of my own inspection of the Hopfields, the attention of the Rural District Councils concerned was drawn to certain defects.

A communication was received from the Minister of Health dealing with a report presented to the Staffordshire Education Committee giving a list of certain farms at which the conditions were considered to be unsatisfactory.

The Minister asked the Council to communicate with the Local Sanitary Authorities concerned in order that the matter might be investigated and appropriate steps taken where necessary to remedy the defects before the next hop-picking season and he asked to be informed of the results of the investigations by the District Councils.

The following are extracts from reports received from the Martley and Tenbury Rural District Councils, viz. :—

*Martley Rural District Council.*

The report made by the Staffordshire Education Committee is in many respects at variance with reports received from our own Medical Officer and Sanitary Inspector and while the Public Health Committee are prepared to admit the conditions found to exist from time to time were not satisfactory they are of opinion from the information furnished to them by a Sub-Committee who inspected many of the farms that many of the criticisms made by the Education Committee are without justification; and that many of the defects in the accommodation and scavenging arrangements were, in consequence of action taken by the Council remedied during the season and steps are to be taken in certain cases with the object of securing an improvement before the commencement of the next hop-picking season.

*Tenbury Rural District.*

The Sanitary Inspector reports with regard to accommodation provided at the three farms referred to in the report of the Staffordshire Education Committee that in each case it complied in all respects with the Council's byelaws and as regards Nos. 15 and 17 the standard was above that required by the byelaws.



The Minister visited the three farms in question and expressed his satisfaction with what he saw at Nos. 15 and 17 and made no criticism of No. 16.

The Rural District Council point out that the numerous bodies that send applications to inspect the accommodation provided for pickers view matters from a very different angle from that from which District Councils necessarily have to regard them. The latter have no power to do more than enforce their byelaws and though they are often able to obtain a higher standard than these require it can only be done by the exercise of tact and persuasion and by the goodwill of the hop-grower concerned. The representatives of the inspecting authorities however appear to judge matters from some fanciful standard of their own (and no two inspecting bodies appear to have the same standard) in which the Council's byelaws have no place. These visits of outside authorities, in the Rural District Council's opinion, do definite harm. They antagonise hop-growers by their inaccurate and biased reports and the Rural District Council have some reason for thinking that they may lead to a gradual substitution of mechanical pickers for the human labour now employed.

The County Council have sent copies of the two communications, above referred to, to the Minister of Health and have advised him that in their opinion these visits by outside bodies do serve a useful purpose providing (1) the visiting parties are constituted of persons who are familiar with the law and procedure governing these encampments and (2) any sanitary or other defects are reported without delay to the responsible authority.

#### SECTION E.

##### **Milk (Special Designations) Order, 1936.**

This Order, which came into operation on the 1st June, 1936, revoked the Milk (Special Designations) Orders of 1923 and 1934 and prescribed the following special designations for milk, viz. :—

“ *Tuberculin Tested.*” The conditions for this grade are substantially the same as those formerly prescribed for Grade A (Tuberculin Tested) milk. It is milk from cows which have passed a veterinary examination and a tuberculin test. If pasteurised, the milk must be described as “Tuberculin Tested Milk (Pasteurised.)” If the milk is bottled on the farm where it is produced the word “(Certified)” may be added to its description.

“ *Accredited.* ” The conditions for this grade are similar to those prescribed in the Order of 1923 for Grade A milk. It is raw milk from cows which have passed a veterinary examination and it must satisfy the same bacteriological tests as are prescribed for raw Tuberculin Tested Milk.

“ *Pasteurised.* ” This designation is applicable both where “ Accredited ” milk and where ungraded milk is pasteurised in accordance with the requirements of the Order.

The former designations “ Certified, ” “ Grade A (Tuberculin Tested) ” and “ Grade A ” are abolished.

The new Order prescribes “ plate count ” bacteriological tests for raw “ Tuberculin Tested ” and “ Accredited ” milks until the 31st December, 1936, and a methylene blue reduction test for these milks on and after the 1st January, 1937. In addition, an optional coliform test is prescribed for these milks. “ Plate count ” tests are prescribed for “ Tuberculin Tested Milk (Pasteurised) ” and for “ Pasteurised ” milk.

Licences authorising producers to sell milk as “ Certified ” or “ Grade A (Tuberculin Tested) ” granted by the Minister prior to the 1st June, 1936, continued under the supervision of the Ministry until the expiry of the licences on the 31st December, 1936, but licences operating from the 1st June, 1936, and subsequently, authorising the use of the designation “ Tuberculin Tested ” by producers are granted outside London by County Councils and County Borough Councils.

During the period 1st June, 1936 to 31st December, 1936, the County Council granted 6 licences for the production and bottling of “ Tuberculin Tested ” milk. These 6 licences, together with 13 originally granted by the Minister of Health, were renewed for the year 1937, making, with two new licences issued on the 1st January, 1937, to a producer-bottler and a producer who had formerly held “ Accredited ” licences, a total of 21 “ Tuberculin Tested ” milk licences in force on the 1st January, 1937. Enquiries were also made in 1936 by three other producers, but licences have not yet been granted in these cases.

The County Council have decided that all certificates relating to the examination and testing of herds under the Milk (Special Designations) Order, 1936, shall be given by Veterinary Officers in the whole time employment of Local Authorities or who hold appointments as part-time Veterinary Inspectors under the Diseases of Animals Acts.



A conference was held with representatives of the District Veterinary Inspectors when it was agreed that the approved brand of Tuberculin to be used for the test should be "Concentrated (Precipitated) Synthetic Tuberculin for Intradermal Use" prepared by the Institute of Animal Pathology, Cambridge, but that if for any reason, at any time, it is deemed necessary by a District Veterinary Inspector to use any other brand of Tuberculin in carrying out the test, notice of such change shall be given to the County Veterinary Officer before the test is carried out, together with particulars of the brand of Tuberculin it is proposed to substitute. A further condition was made that the County Veterinary Officer should be given prior notice by the District Veterinary Inspectors of all occasions when tests or readings of tests are to be made.

In order to encourage the production of Tuberculin Tested milk the County Council have also decided that as from the 1st April, 1937, one third of the cost of the examination and testing of all cattle included in herds in Worcestershire licensed for the production of "Tuberculin Tested" milk will be paid by them, subject to the production of satisfactory evidence of payment by the producer to the Veterinary Surgeon. In this connection, the following scale of fees has been agreed with the District Veterinary Inspectors :—

No. of animals.	Rate per head.	Total cost (inclusive of mileage).		
		£	s.	d.
1 or 2	15/- (for 2)	1	10	0
3	12/- (approx.)	1	15	0
4	10/-	2	0	0
5	9/-	2	5	0
6	8/6	2	10	0
7	8/-	2	15	0
8	7/6	3	0	0
9	7/3	3	5	0
10	7/-	3	10	0
11th to 20th at 5/- each		6	0	0
21st to 30th at 3/- each		7	10	0
31st to 40th at 3/- each		9	0	0
41st to 50th at 2/- each		10	0	0
All animals over 50 at 2/- each.				

This arrangement is to operate for a period of twelve months, at the end of which time, the matter will be reconsidered.



*“ Accredited ” Milk.*

As will be seen from my last Report, at the end of 1935 there were 67 cases in which applicants for “ Accredited ” licences had been informed of the work necessary to bring their premises up to the required standard. Licences were granted during 1936 in 26 of these cases ; in one instance a licence to produce “ Tuberculin Tested ” milk was granted ; one application was definitely refused ; further visits were paid by the County Sanitary Officer in 7 cases ; some further correspondence was received in 3 cases ; and in the remaining 29 cases it appeared no further action of any kind was taken by the applicant.

As was anticipated, there was a considerable reduction in the number of enquiries received during the year, namely, 53 compared with 231 in 1935. In 26 of these cases (21 of which were visited by the County Sanitary Officer) formal application was not subsequently submitted, so that the number of formal applications received was 27, plus 6 which were received following enquiries in 1935, making a total of 33, compared with 204 in 1935. Licences were granted in 16 instances, one application was refused after a visit of inspection, and in 16 cases one or more visits were paid by the County Sanitary Officer and the applicant informed of the work required to bring the premises up to “ Accredited ” standard.

The total number of licences in force on the 31st December, 1936 was 166 (125 Production Licences and 41 Production and Bottling Licences). This total is arrived at as follows :—

No. of licences renewed for 1936	—	—	135
No. of these licences relinquished during the year	—	—	11
			<hr/>
			124
No. of Licences granted during the year	—	—	42
			<hr/>
Total	—	—	166
			<hr/>

Of the 11 producers who relinquished their licences, 3 obtained “ Tuberculin Tested ” milk licences.

The following Table shows the number of licensed farms in the several Local Sanitary Districts :—

Local Sanitary District.	No. of Licensed Farms.	Total.
Bewdley Borough	— 2	
Droitwich Borough	— 2	
Oldbury Borough	— 2	
Stourbridge Borough	— 1	7
	—	
Bromsgrove Urban	— 7	
Malvern Urban —	— 6	
Redditch Urban	— 6	
Stourport-on-Severn Urban	1	20
	—	
Bromsgrove Rural	— 28	
Droitwich Rural	— 28	
Evesham Rural —	— 17	
Kidderminster Rural	— 13	
Martley Rural —	— 12	
Pershore Rural	— 16	
Tenbury Rural —	— 6	
Upton-on-Severn Rural —	19	139
	—	—
		166
		—

The 166 licences in force on the 31st December, 1936, were renewed for 1937 with the following exceptions :—

- 1 Producer-bottler who took out a production licence only ;
- 1 Producer-bottler who obtained a “ Tuberculin Tested ” milk licence ;
- 1 Producer who obtained a “ Tuberculin Tested ” milk licence ;
- 1 Producer-bottler who did not apply for renewal ;
- 2 Producers who did not apply for renewal ; and
- 2 Producers whose applications for renewal were refused as they had failed to comply with requirements which were a condition of the issue of their original licences.

The arrangements for the periodical sampling (generally at quarterly intervals) of Accredited milk were similar to those made last year. A total of 556 samples was taken, 72 of which failed to comply with all the requirements of the Order. Unsatisfactory samples are followed up by repeat sampling and, where necessary, a visit by the County Sanitary Officer.

A separate report by Mr. Walter Scott, F.R.C.V.S., D.V.S.M., dealing with the Veterinary side of the work is included as an Appendix to this Report.

### **Supply of Milk to School Children.**

#### *Scheme of the Milk Marketing Board and the Board of Education.*

At the end of the year, supplies of milk were approved for 222 Schools (or separate Departments) representing 26,348 children out of 276 Schools (or separate Departments) with a total average attendance of 29,579. The actual number of children receiving milk on the 12th February, 1937, was 13,030.

The total number of persons or firms approved to supply milk to County Schools (including certain Secondary Schools) was 51 ; Pasteurised milk 14, Tuberculin Tested milk 1, Accredited milk 18, and ungraded milk 18.

211 samples were taken for cleanliness test and 106 for the tubercle test. In 60 cases the test for cleanliness was unsatisfactory and in 2 cases (one of ordinary raw milk and one of Accredited milk) tubercle bacilli were found in the milk. In these latter cases an examination of the animals in the herds was made by the County Veterinary Officer, with the result that two cows in the one herd were slaughtered under the Tuberculosis Order, 1925, while the biological tests upon samples of milk taken from animals in the other herd proved to be negative.

In the case of Pasteurised milk, no standard is legally laid down with reference to Coli, but it may be of interest to note that in 22 instances (one-third of the total number of samples), Pasteurised milk supplied to schools failed if the standard applicable to the old grade of "Certified" milk is adopted, namely, that the milk must not contain B.Coli in 1/10th c.c.

A number of the unsatisfactory samples were repeat samples in connection with the same supplies. It was eventually found necessary to cancel the arrangements with one firm whose supply was consistently unsatisfactory and where there was not only bacteriological evidence but actual complaints from the schools.



Although the number of firms (14) supplying Pasteurised milk is small the actual proportion of children receiving this grade of milk is high (approximately 83 per cent.). It is only in the rural areas where no Pasteurised milk is available that arrangements have to be entered into for the supply of raw milk, such precautions as are possible being taken to safeguard the purity.

In every case where the premises of a producer supplying ungraded milk to schools are situate in the County, the herd is examined by the County Veterinary Officer at quarterly intervals.

In addition to the case referred to above where the arrangements had to be cancelled, 4 producers voluntarily relinquished the supply of milk to schools (the number of schools concerned being 7) and one producer was unable to continue the supply to 5 of the 7 schools which were obtaining milk from him.

Efforts to obtain alternative supplies in these cases were not always successful (at the end of the period under review 11 schools formerly receiving milk were still without a supply) and it is quite clear that it is often not an economic proposition to supply rural schools because the cost of travelling to and from the schools means, in most instances, an actual loss to the retailer at the present price fixed by the Milk Marketing Board. No appreciable progress will be made in regard to the supply to rural schools until some action is taken to deal with the difficulty. It seems only fair that a differential price should be paid for milk supplied under the scheme to small rural schools where much travelling is involved as opposed to the supply to urban schools where little travelling is involved and a much larger number of children take the milk. One other small difficulty may be mentioned and that is that the supply for schools exists on five days a week for approximately forty weeks in the year ; a big firm may be able to deal with the resulting surplus, but no small firm would be able to entertain the supply to a number of schools without difficulty being experienced with their surplus milk.

In a few instances the difficulty of obtaining a supply has been solved by approval being given to a supply in bulk, but this course is only possible where I am satisfied that the methods of production are reasonably good and that satisfactory arrangements can be made at the school for the washing and storing of cups, etc. ; at its best this arrangement is not a particularly satisfactory one and quite obviously does not provide a general solution for the problem of the supply to rural schools.

Some idea of the difficulties experienced in connection with supplies for rural schools may be gathered from the extracts from letters quoted below :—

*From the Head Teacher of a School near Evesham. 26.1.1935.*

“ I have been trying to get a satisfactory scheme for some  
 “ time. I had Miss S. N. Kinsey (National Milk Publicity  
 “ Council) in on Friday asking about the matter and I fully  
 “ described to her our difficulties. Milk supplied in bulk  
 “ will not have the parents acceptance here they are very  
 “ much against it, but I have had 35 willing to accept the  
 “ bottles and straws . . . . . A Mr. G. said he would  
 “ supply bottles, straws and milk if the scholars would have  
 “ it week-ends and holidays delivered, but of course that was  
 “ out of the question, the parents would not.”

*From a Co-operative Industrial Society. 25.9.36.*

“ With regard, however, to the Rural School, we are afraid  
 “ that although it is certainly within our area, our delivery  
 “ arrangement will not permit of a supply being furnished for  
 “ this School. To undertake a supply would mean that a  
 “ vehicle would have to make a special journey, which is a  
 “ matter of  $3\frac{1}{2}$  to 4 miles each way, and the cost of conveyance  
 “ would therefore equal the total value of milk to be supplied.  
 “ You will, therefore, readily understand that we could not  
 “ see our way to incur this expense for possibly not more than  
 “ 36 bottles of milk per day, the gross profit on which would  
 “ only amount to  $4\frac{1}{2}$ d.”

*Re School near Kidderminster. 3.7.1935.*

“ I have stopped sending milk to this school the 1st of  
 “ this month, it is not worth my time, 3 to 4 pints of milk a day  
 “ and  $\frac{3}{4}$  of a mile to take it.” R.H.

*School near Redditch. 10.10.1935.*

“ In reply to your letter of this morning, am afraid I shall  
 “ not be able to supply milk to the School. In the first place  
 “ I am not a licensed producer retailer, also it is such a small  
 “ quantity it would not be worth my while.” D.G.

*School near Pershore.*

“ I regret to say I cannot supply any more schools being a  
 “ producer retailer it is no benefit to me as I have the milk  
 “ on my hands week-ends and holidays.” W.K.



*School near Upton-on-Severn. 30.1.1936.*

“ As a Producer-Retailer however I am forced to look at the  
 “ supply of School Milk from a Commercial point of view.  
 “ Excluding School for the moment — that being on my  
 “ direct route where the bulk of my milk goes — I find that  
 “ during the past 12 months since I commenced, I have  
 “ supplied something like 500 gallons of Milk in 1/3 pint  
 “ bottles, supplied straws and delivered it to 3 Schools. The  
 “ average price realised per gallon for this Milk is 1s. 5½d.  
 “ My motor has travelled approximately 12 additional miles  
 “ daily for this purpose, making something like 2,500 miles  
 “ delivery charge in the period. I have collected some  
 “ £16 10s. 0d. over net pool price for rendering this service.”  
 D.P.M.

*School near Bromsgrove. 25.8.36.*

“ I have come to the conclusion that the price which the  
 “ Milk Marketing Board are paying me is of no use at all, it  
 “ does not even cover the costs of tops, bottles, straws, etc.  
 “ besides we always buy the very best of cows and our farm  
 “ is always open for inspection. So if the Milk Marketing  
 “ Board like to pay us a better price I will continue with  
 “ their supply but if not I am not going to supply either  
 “ of the four schools when returning to school on the 31st  
 “ August.” H.L.

### **Vaccination.**

In accordance with the provisions of the Worcestershire Registration Scheme, 1934, the Evesham registration district was re-divided into two sub-districts, namely, Evesham and Broadway, as from the 1st July, 1936, following the resignation of Mr. P. J. Bayliss.

This necessitated a similar division of the Evesham vaccination district, but otherwise, the districts of the Vaccination Officers and Public Vaccinators remain unaltered. The officers appointed for the two new districts are Mr. W. H. Evans (Evesham) and Mr. J. H. Cannon (Broadway).

As in previous years, the records of the Vaccination Officers and Public Vaccinators have been examined each Quarter.

The Annual Returns of Vaccination Officers with respect to infants whose births are registered are not made until 13 months after the completion of the year to which they relate; the last available figures are those for the year 1935.



Of the 4,488 births reported by the several Vaccination Officers in the Administrative County as having been registered during the year 1935, the number which, at the time the return was made, had been registered as successfully vaccinated was 1,653 (36·8 per cent.) and the number registered as having died unvaccinated was 178 (4·0 per cent.). Of the remaining children, 10 (0·2 per cent.) had been registered as insusceptible to vaccination ; 29 (0·7 per cent.) as having their vaccination postponed by medical certificate ; 2,500 (55·7 per cent.) in respect of whom certificates of conscientious objection were received ; and 105 (2·3 per cent.) as “ removed ” or “ not found,” leaving 13 (0·3 per cent.) not accounted for as regards vaccination. If the deaths that took place before vaccination be deducted from the births returned by these Officers, it appears that, at the time of the Return, of the surviving 4,310 children, there were registered 38·4 per cent. as successfully vaccinated ; 0·2 per cent. as insusceptible to vaccination ; 0·7 per cent. as under medical certificate of postponement ; 58·0 per cent. in respect of whom certificates of conscientious objection to vaccination had been obtained ; and 2·4 per cent. as “ removed ” or “ not found,” leaving 0·3 per cent. as still unaccounted for as regards vaccination.

The numbers of persons successfully vaccinated and re-vaccinated at the cost of the rates during the year ended the 30th September, 1936, are given in the following Table :—

Number of Successful Primary Vaccinations of persons :—			Number of Successful Re-vaccinations.
Under one year of age.	One year and upwards.	Total.	
1421	88	1509	36

During the year, proceedings were taken in one case in which the parents had refused to have their child vaccinated : an Order was made for the child to be vaccinated.

SECTION F.

**Prevalence of, and Control over, Infectious Diseases.**

The following Table gives details of Infectious Diseases occurring in the County during 1936.



District.	Smallpox.		Scarlet Fever.		Diphtheria and Membranous Croup.		Enteric Fever.		Puerperal Fever.		Puerperal Pyrexia.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Ophthalmia Neonatorum.		Acute Poliomyelitis & Polio Encephalitis		Pneumonia		Encephalitis Lethargica.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths
<i>Urban</i>																							
Bewdley Borough			10		21						2	8	2	3	1	1				10			
Bromsgrove			52	1	41	1			1	2	4	20	13	6	3	1					18		
Droitwich Borough			3		17	1						6	1	3	1					5	2		
Evesham Borough			10		8	1			1		5	15	8	1							5		
Halesowen Borough			30		30	3			1	3	2	28	19	14	8	1		3		73	23		
Kidderminster Borough			29		56	5	1		5	1	5	42	18	13	7	7		1		63	14	2	2
Malvern			13		9		4					15	13	3	2					7	6		
Oldbury Borough			89		50	1					8	81	35	12	3	5		3		92	33	1	2
Redditch			20		21				3	2	2	19	14	2	1	1				14	5		2
Stourbridge Borough			63	1	34	5			4	1	14	31	29	9	3	5		3		20	19		1
Stourport-on-Severn			5		20	1					11	8	8	1	1					4	2		
Totals			324	2	307	18	5		15	9	53	273	160	67	30	21		10		288	131	3	7
<i>Rural</i>																							
Bromsgrove			42		15	1					5	21	9	5	4					7	13		
Droitwich			12		26	3			1		1	11	4	5	1					4	5		
Evesham			3		11		2		2			7	8	5						3	7		
Kidderminster			8		2	1			1		1	5	1	1		2				4	3		
Martley			16		10	3				1		10	2	3	1			1		11	8		
Pershore			13		10		4	1		1	3	12	7	6	2			1		7	9		
Tenbury			8		3		2		1	1	1	6	1	4									
Upton-on-Severn			45		10	1	2				2	21	8	6	1					12	7		
Totals			147		87	9	10	1	5	3	13	93	40	35	13	2		2	1	48	52		
Grand Totals			471	2	394	27	15	1	20	12	66	366	200	102	43	23		12	1	336	183	3	7

(a) The deaths refer to all cases of pneumonia, not those which are notifiable.

(b) The deaths refer to cases of Puerperal Sepsis.

Anthrax. Three cases were notified in Kidderminster Borough.

Cerebro Spinal Fever. Two cases were notified in Bromsgrove Urban District, one case in Halesowen Borough and two cases in Oldbury Borough.





*Smallpox.*

No case was notified during 1936 and during the last twenty-seven years only eight cases with one death have been recorded.

*Scarlet Fever.*

Average annual number of cases, 1916-1935	=	596
Average annual number of deaths, 1916-1935	=	6
Number of cases, 1936	- - -	471
Number of deaths, 1936	- - -	2

The cases for 1936 were well below the average.

Each district in the County was affected though bearing in mind the population it cannot be said that there was a serious epidemic in any particular area.

One death occurred at Bromsgrove and one at Stourbridge.

It is again advisable to emphasise that some selection should be exercised with regard to Hospital treatment; the failure of Isolation Hospital admission (even if carried out for all cases) to control the incidence must be admitted. There are special circumstances such as residents at shops, dairies and dairy farms or where a confinement is imminent in the home which render removal to an Isolation Hospital advisable or again, complicated cases in overcrowded or unsuitable homes, are likely to benefit from Hospital treatment but the object of Hospital treatment must depend on the benefit likely to be derived by the patient or the convenience of the family or institution rather than control of the disease. Several of the County Isolation Hospitals intend to make some provision for cubicle accommodation which is required for the group of diseases of which "Scarlet Fever" is one variant.

*Diphtheria.*

Average annual number of cases, 1916-1935	=	264
Average annual number of deaths, 1916-1935	=	24
Number of cases, 1936	- - -	394
Number of deaths, 1936	- - -	27

The cases occurring in 1936 though 100 below the number in 1935 were much in excess of the average for the last ten years.

With the exception of Malvern Urban, Evesham Borough, Kidderminster Rural and Tenbury Rural Districts the disease affected each part of the County.

The fatality rate in Rural areas is very high as instanced by the Martley and Droitwich Rural Districts figures ; the seriousness of the disease is also indicated by the fatality rates in the Boroughs of Kidderminster and Stourbridge.

The fatality rate for the County as a whole is 6·8 deaths per 100 cases, which is appreciably higher than that recorded for England and Wales as a whole.

There continues to be a demand for immunization. Almost 1,000 children were dealt with in Halesowen, where work commenced during the year. Details are given in my School Report where the work has been undertaken by the County Staff in the various County districts.

*Enteric Fever.*

Average annual number of cases, 1916-1935	=	17
Average annual number of deaths, 1916-1935	=	2
Number of cases, 1936	- - - -	15
Number of deaths, 1936	- - - -	1

Of the 15 cases notified, 4 occurred at Malvern and 4 in the Pershore Rural District.

*Bewdley Borough.* The notified case was a young man (22). He suffered from Paratyphoid B. The cause was not traced ; he had been away at a Dairy Show one month before the diagnosis was made in a Kidderminster Hospital.

*Malvern.* Four cases of Paratyphoid were notified. Investigations failed to discover the source of infection. It was considered that two of the cases might have been related.

*Evesham Rural District.* One case of Typhoid and one case of Paratyphoid were notified. The cases occurred in different Parishes. It was not possible to discover the origin in either instance.

*Pershore Rural District.* Three cases of Typhoid and one case of Paratyphoid were notified. The first case of Typhoid received infection outside the district and the other two cases were nurses in attendance on this case. One of the secondary cases died. The case of Paratyphoid was unconnected and no source of infection was discovered.

*Tenbury Rural District.* One case was notified in January and the other case in October in different parishes.



*Upton-on-Severn Rural District.* I have no information as to the two cases notified.

*Measles.*

Average annual number of deaths, 1916–1935	=	25
Number of deaths, 1936 –	–	12

The deaths occurred as under :—

Droitwich Borough	–	2
Evesham Borough	–	1
Redditch Urban	–	2
Stourbridge Borough		1
Droitwich Rural	–	1
Evesham Rural	–	1
Martley Rural	–	2
Pershore Rural	–	2

Twelve schools were closed during 1936 on account of this disease. As I have previously mentioned, in country districts in the winter months, the onset of the main epidemic might, with advantage, be delayed by school closure.

It has been proved that Measles convalescent serum is of use in preventing or reducing the severity of an attack of measles ; the difficulty is to obtain a supply of serum for country areas when required.

*Cerebro Spinal Meningitis.*

Two cases were notified in Bromsgrove Urban District, one in the Borough of Halesowen and two in the Borough of Oldbury.

*Cancer.*

The number of deaths from Cancer was 512 (349 Urban and 163 Rural) as compared with 504 in 1935 and 514 in 1934.

The deaths for the last seven years have been :

1935	–	–	504
1934	–	–	514
1933	–	–	479
1932	–	–	425
1931	–	–	466
1930	–	–	469
1929	–	–	488

### Infectious Diseases.

In 1936 26 schools were closed on account of infectious disease. Details are given in the following table :—

#### *School Closures 1936.*

Diphtheria	—	—	—	—	1
Whooping Cough		—	—	—	2
Scarlet Fever	—	—	—	—	4
Mumps	—	—	—	—	1
Chickenpox	—	—	—	—	3
Measles	—	—	—	—	10
Measles and Colds		—	—	—	2
Colds	—	—	—	—	1
Colds and Coughs		—	—	—	1
General Catarrhal Conditions			—	—	1
					<hr/> 26 <hr/>

### Prevention of Blindness.

The Eye Hospitals in and adjoining the County receive grants from the County Council.

As in former years, the Worcestershire Association for the Blind have efficiently supervised the work among the Unemployable Blind. In this connection, the County Council's grant to the Association amounted last year to £863.

Grants are also payable to the Birmingham Royal Institution for the Blind in respect of the Home Workers Scheme ; to the Stourbridge Workshops for the Blind ; and to other Institutions receiving blind persons.

Arrangements have been made for each of the Home Workers in the County to be visited by one of the County Health Visitors.

### Tuberculosis.

The Report of Dr. H. Gordon Smith, the Chief Tuberculosis Officer, is given as an appendix to this Report.

### Assistance for Voluntary Associations.

The County Federation of Women's Institutes have supplied "home helps" in suitable maternity cases and this feature of the Institute work is particularly valuable.

I have previously mentioned the valuable work of the County Nursing Association and its affiliated Local Nursing Committees.

My thanks are also due to individual members who assist as Voluntary Committees at the Infant Welfare Centres established throughout the County.

I must also record the untiring and efficient service of Miss Mence the Honorary Secretary for the Worcestershire Association for the Blind, which Organization undertakes for the County Council the care of the unemployable Blind persons.

I desire to acknowledge the valuable assistance rendered by the District Medical Officers and Sanitary Inspectors; also the loyal co-operation of the Assistant County Medical Officers and Dental Officers, Health Visitors and Clerical Staff.

The occupants of the two more recent appointments made, namely, Mr. W. Scott, the County Veterinary Officer, and Mr. R. W. T. Owen, the County Sanitary Officer, have rendered valuable service and have in every way justified their appointments.

Your obedient Servant,

WYNDHAM PARKER, M.C.,

M.B., Ch.B., (Edin.) D.P.H. (Lond.)

County Medical Officer.

Public Health Department,  
County Buildings,  
Worcester.

August, 1937.

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APPENDIX.

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WORCESTERSHIRE COUNTY COUNCIL.  
REPORT OF THE COUNTY VETERINARY OFFICER  
FOR THE YEAR 1936.

## INTRODUCTION.

The appointment of a whole time Veterinary Officer for the County of Worcester was first made in November, 1935. Until that time no routine veterinary inspections of dairy herds under the Milk and Dairies Order, 1926, had been carried out. Special investigations were made under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, these examinations being carried out by local Veterinary Surgeons approved by the Local Authority for work under the Diseases of Animals Acts and Orders. The quarterly clinical examinations of cattle in "Grade A" herds were also carried out by part-time Veterinary Officers.

On my appointment it was decided that I should undertake all routine quarterly examinations of cattle in "Grade A" herds; the tracing of tuberculous milk samples under Section 4 of the Milk and Dairies (Consolidation) Act, 1915; carry out when time was available clinical examinations of cows in registered Dairies; and administer the Tuberculosis Order, 1925, in so far as it applied to animals found by me during clinical examinations.

The remainder of the veterinary work under the Diseases of Animals Acts, 1894-1935, and all Orders of the Ministry of Agriculture connected therewith has been left with the Local Veterinary Inspectors who act under the direction of the Chief Constable of the County.

## MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

*Accredited Milk Producers' Scheme.* This scheme, which was in force when I took up my appointment, provides for the preparation of an Accredited Producers Register and producers whose names are enrolled thereon are entitled to a premium of 1d. per gallon over the pool price of milk. Registration could only be secured by the presence of a "Grade A" licence issued under the provisions of the above Order. In order to obtain a "Grade A" licence, an applicant had to produce to the Licensing Authority

an approved Veterinary Surgeon's certificate showing the result of a clinical examination of the milch cows belonging to the herd carried out not more than a month before the date of application, and also satisfy the Licensing Authority that the arrangements and processes under and by which the milk was produced, stored, treated and distributed, as the case might be, were such as to comply with the conditions subject to which the licence was granted.

#### MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

The Minister of Health made a new Milk (Special Designations) Order which came into force on the 1st June, 1936. The new Order has two main objects—to transfer from the Minister to Local Authorities the duty of granting licences to the producers of certain graded milks and to simplify the special designations of milk. In the new Order, the grades are :—

“ *Tuberculin Tested* ” — milk from cows which have passed the approved tuberculin test for freedom from tuberculosis.

“ *Tuberculin Tested Milk (Pasteurised)* ” — tuberculin tested milk which has been heated to 145° Fahr. for 30 minutes

“ *Tuberculin Tested Milk (Certified)* ” — tuberculin tested milk which is bottled on the farm.

“ *Accredited* ” — “ Accredited ” milk replaces “ Grade A ” milk and is milk from cows which have passed a quarterly veterinary inspection but not a tuberculin test.

“ *Pasteurised* ” — milk which is heated at 145° F for 30 minutes.

On January 1st, 1936, there were 135 “ Grade A ” farms in the County. During the year, 707 visits were paid to farms and 15,818 cows examined. The Order of 1923 and the new Order of 1936 provide that where an animal is certified as showing evidence of any disease which is likely to affect the milk injuriously, it shall be segregated from the rest of the herd and the special designation shall not be used in relation to its milk. The following conditions were encountered, necessitating temporary or permanent removal from the milking herd :—

Indurated udder — non tubercular	—	45
Mastitis	— — —	105
Tuberculosis of the Udder	—	16
Tuberculosis with chronic cough	—	12
Septic condition of the Uterus	—	10
Sores on teats	— — —	27
Abscesses in the Udder	—	19
Blood in Milk	— — —	3
Trauma of udder and teats	—	15
Milk Fever	— — —	3



In addition to the above, 11 cases were diagnosed as Johne's Disease and 3 cases of extensive actinomycosis of the face and jaw were found. While these two diseases are not scheduled in the Milk (Special Designations) Order, 1936, the owner in each case was advised to dispose of the affected animals in view of the risk of infection to other animals and in each case this advice was followed.

The number of cases of Mastitis encountered lead one to express the opinion that this disease is extremely prevalent and it is difficult to impress on farmers, particularly if the condition is not severe, the necessity for isolation of the affected animals and the great care necessary if the spread of infection to other members of the herd is to be prevented. Farmers as a whole do not realise that if treatment of Mastitis is to be successfully carried out, the case must be dealt with in the early stages before irreparable damage has been done to the udder substance resulting in the complete loss of one or more quarters and a consequent depreciation in the value of the cow.

The number of cases of Johne's Disease actually met with must, I feel, represent a very small proportion of the animals affected, because on a number of farms the annual losses from this disease vary from 5 — 10 animals. The practice of allowing animals to drink from unfenced ponds in fields is a fertile source of infection.

#### SCHOOL MILK SUPPLY.

In 1934, the Milk Marketing Board brought into operation a scheme whereby milk is provided to schools at the rate of  $\frac{1}{2}$ d. per one third of a pint. The Board will only accept milk the source and quality of which has been approved by a Medical Officer of Health.

In Worcestershire the County Medical Officer of Health requires that all milk supplied to schools must be at least of Accredited standard. In this connection, quarterly clinical examinations, similar in every respect to those carried out in Accredited herds, are made, and similar examinations are made at farms which supply milk to the various Institutions in the County.

During the year, 103 visits were made to farms in the County and 1,473 cows and heifers were examined. The following diseased conditions were met with :—



Tuberculosis of the udder	—	—	—	—	1
---------------------------	---	---	---	---	---

(A sample of milk from this cow was submitted to a biological test with positive results. Before the biological test was completed, the farmer decided to have the cow slaughtered at his own risk, and this was done).

Mastitis — non tubercular	—	—	—	—	11
---------------------------	---	---	---	---	----

Indurated udder — non tubercular	—	—	—	—	7
----------------------------------	---	---	---	---	---

Sores on the teats	—	—	—	—	5
--------------------	---	---	---	---	---

Abscesses in the udder	—	—	—	—	1
------------------------	---	---	---	---	---

Blood in milk	—	—	—	—	1
---------------	---	---	---	---	---

Retained placenta	—	—	—	—	1
-------------------	---	---	---	---	---

One specimen of sputum was taken but was negative for tubercle.

#### MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

Section 4 of this Act provides that if the Medical Officer of Health of any Local Authority has reason to suspect that tuberculosis is caused, or is likely to be caused, by the consumption of milk produced outside the area of his Authority, he shall give notice to the Medical Officer of Health of the Authority in whose area the milk is produced.

On receiving such notification, a veterinary examination of the suspected herd is carried out. Any animals showing clinical signs of tuberculosis are immediately dealt with and single or group samples are taken from the remainder of the herd. Enquiries are also made with regard to any dry cows which were in milk at the time the sample was taken, cows which have been sold as milch cows or for slaughter, and cows which have died or otherwise been disposed of. These enquiries are necessary in view of the fact that one month to six weeks may elapse between the taking of the sample and the receipt of the positive result of the biological test.

By this means, every endeavour is made to account for every cow which was in milk when the sample was taken.

The following notifications were received during 1936 :—

City of Birmingham	—	18
--------------------	---	----

County of Stafford	—	3
--------------------	---	---

On 9 farms, no diseased animal was detected and all samples were found to be negative biologically for tubercle bacilli.

On each of 7 farms, one animal was found to be suffering from tuberculosis and was dealt with under the Tuberculosis Order.

On each of 5 farms, two animals were found to be diseased and were similarly dealt with.

In 11 cases, disease was "not advanced" and in 6 cases disease was "advanced" within the meaning of the Order.

#### MILK AND DAIRIES ORDER, 1926.

Part IV. of the Milk and Dairies Order requires that every County Council shall cause to be made such inspection of cattle as may be necessary and proper for the purposes of the Act and of the Order. The Order also provides for the keeping of registers by the Sanitary Authority of all persons carrying on in their district the trade of cowkeeper or dairyman and of all farms and other premises within their district which are used as dairies.

Until my appointment, no veterinary inspection of dairy herds (except licensed herds) was undertaken in the County and in March of this year, after the arrears of work in connection with the "Grade A" herds was completed, it was decided that veterinary inspection should be commenced. It was decided to inspect all the dairy herds in one rural district before visiting another rural district.

#### *Evesham Rural District.*

Visits were paid to 106 farms and 1,095 cows and heifers examined. Sixteen samples were taken (consisting of 15 milk samples and one sputum). One milk sample and the sputum proved positive for tubercle and the two animals concerned were slaughtered under the Tuberculosis Order, 1925. In thirty-five instances adverse criticism was made regarding the premises or the cleanliness of the cows.

#### *Tenbury Rural District.*

One hundred and thirty-three visits were paid to farms in this District and 906 cows examined. Considerable difficulty was experienced and an appreciable amount of unnecessary travelling caused owing to the fact that the list of registered milk producers was completely out of date. During these inspections, six samples of milk were taken and of these four were found to contain tubercle bacilli. Three of these four animals were on one farm, and in view of an occurrence such as this, when the milk from such cows is so great a menace to public health, the necessity for regular veterinary inspections cannot be too strongly emphasised.

In this District, on a large number of farms, the cowsheds were much below standard, being very dark, with low roofs, poor lighting, and defective floors. While appreciating the fact that there are many small producers in the district, it nevertheless appears essential that extensive alterations are urgently needed to comply with the minimum requirements of the Order.

*Kidderminster Rural District.*

Eighty-four visits were made and 872 cows examined. Ten samples of milk were taken for examination for tubercle, two samples being positive. One cow was found to be suffering from tuberculosis with chronic cough, and all three animals were slaughtered under the Tuberculosis Order, 1925.

It is gratifying to note that in this district the premises, with one or two exceptions, were the best that I have encountered in any district; the cows were in good condition and had the appearance of being regularly groomed and cleaned.

*Martley Rural District.*

Veterinary inspection of all farms in this district has not been completed owing to lack of time. Up to date, forty-one farms have been visited and 291 cows examined. Four samples of milk were taken, two of which were found to contain tubercle bacilli after microscopic examination and one sample was positive biologically. These three cows were immediately dealt with under the Tuberculosis Order.

In view of the fact that there still remain in this District a large number of farms which it has not been possible to visit, no comments are made on the condition of the premises.

*The Tuberculosis Order of 1925.*

This Order provides for the destruction of cattle suffering from one or other of the following tuberculous conditions:—

1. Tuberculosis of the udder.
2. Giving tuberculous milk.
3. Chronic cough with definite clinical symptoms of tuberculosis.
4. Tuberculous emaciation.



The Order was not intended to be an eradication measure, nor does it result in any material reduction in the incidence of bovine tuberculosis. It should be regarded as complementary to the Milk and Dairies Acts and Orders, and the extent of the success of the Order depends largely on the degree of veterinary inspection carried out under the Milk and Dairies Order of 1926. The Tuberculosis Order provides for compulsory notification by the owner or person in charge of an animal suspected to be suffering from any of the scheduled forms of Tuberculosis. The Order is administered by the Local Authority and in Worcestershire the Chief Constable is the Chief Executive Officer.

The following cases of tuberculosis consist of those found by me during routine examination of herds throughout the County and do not represent all the cases dealt with under the Order.

If after an examination an animal is found to be suffering from any of the scheduled forms of tuberculosis, the animal is slaughtered and compensation is paid to the owner on the basis of the post mortem examination. Article 7 (2) of the Order states

“ For the purpose of this Order the market value of  
 “ an animal shall be the price which might reasonably  
 “ have been obtained from a purchaser in the open market  
 “ who had no knowledge of the existence or suspected  
 “ existence in the animal of the symptoms of the disease  
 “ disclosed by the report of the Inspector under the Order  
 “ except such knowledge thereof as might reasonably have  
 “ been obtained by inspection of the animal.”

In every case a post mortem examination must be carried out by the Veterinary Inspector and if the animal is found to be suffering from advanced tuberculosis, the amount of compensation payable is one quarter of the market value. (It is definitely laid down in the Order what constitutes “ advanced ” tuberculosis). If, on the other hand, the animal is found on post mortem examination to be suffering from tuberculosis, but not advanced, the owner receives three-quarters of the market value. If after slaughter, no lesions of tuberculosis are found, the full market value plus £1 is paid.

Under the Diseases of Animals Act, 1925, Local Authorities are entitled to claim from the Ministry of Agriculture a refund equal to 75% of the gross amount paid by them to owners as compensation.

During the year 51 animals were dealt with under the Tuberculosis Order. The following is a summary of the results :—

Animals affected consisted of—

(1)	Cows in milk	—	44
(2)	Other cows or heifers		7
			—
	Total	—	51
			—

Number of affected animals suffering from—

(1)	Tuberculosis of the udder or giving tuberculous milk	—	—	—	32
(2)	Tuberculosis with chronic cough	—	—		18
(3)	Tuberculosis with emaciation	—	—		1
					—
	Total	—			51
					—

Diseased animals found to be suffering from—

(1)	Advanced tuberculosis	—	—	—	24
(2)	Not advanced tuberculosis	—	—	—	27
(3)	Not affected with tuberculosis	—	—		0
					—
	Total	—			51
					—

List of Parishes and cases dealt with therein—

Tibberton	—	—	1	Middle Littleton	—	—	2
Madresfield	—	—	2	Tardebigge	—	—	1
Strensham	—	—	2	Belbroughton	—	—	1
Alvechurch	—	—	3	Spetchley	—	—	1
Beoley	—	—	4	Bromsgrove	—	—	1
Church Lench	—	—	1	Eastham	—	—	1
Chaddesley Corbett	—	—	2	Bredons Norton	—	—	2
Hanley Castle	—	—	1	Tenbury Wells	—	—	3
Knighton-on-Teme	—	—	3	Hinton-on-the-Green	—	—	1
Cleeve Prior	—	—	3	Stone	—	—	1
Wolverley	—	—	2	Astley	—	—	1
Offenham	—	—	1	Abberley	—	—	1
North Hallow	—	—	1	Gt. Witley	—	—	1
Hanbury	—	—	1	Hunnington	—	—	2
Throckmorton	—	—	1	Upton Warren	—	—	1
Ripple	—	—	1	St. Peter the Great County			1
Borough of Droitwich	—	—	1				

In only one instance was any administrative difficulty encountered. In this case tubercle bacilli were found in a sample of milk taken from a cow during a routine examination of a herd. The owner of the cow appealed to the Minister of Agriculture against the decision of the Local Authority to slaughter the cow. An inquiry was held, tuberculin tests were carried out — one by the owner's Veterinary Surgeon and one by the County Veterinary Officer — both with positive results, and a second sample of milk was found to contain tubercle bacilli. These facts were placed before the Minister and authority was given to proceed with the slaughter of the animal. Well marked lesions of tuberculosis were found at post mortem examination.

#### MILK INVESTIGATIONS.

Four farms were visited in connection with reports received from Assistant County Medical Officers with regard to cases of tuberculosis in children. The cows on each of these farms were clinically examined and samples of milk were taken for biological examination with negative results in each case.

Several joint visits were made to farms in the County with the County Sanitary Officer. These visits were mainly of an advisory nature.

WALTER SCOTT,

F.R.C.V.S., D.V.S.M.

County Veterinary Officer.

Public Health Department,  
County Buildings,  
Worcester.

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WORCESTERSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF CHIEF TUBERCULOSIS OFFICER FOR 1936.

*Staff.*

There has been no change in the Medical or Nursing Staff which affects the Tuberculosis Scheme.

*Notifications and Deaths.*

The following are the notifications and deaths for 1936 together with averages for the previous years :

Year.	Notifications.			Deaths.		
	Pulmonary.	Non-Pulmonary.	Total.	Pulmonary.	Non-Pulmonary.	Total.
Average 1926-35	334	125	459	197	45	242
1936	330	80	410	200	43	243

If the death-rates for pulmonary tuberculosis are considered separately, the County as a whole shows a lower rate than that for England and Wales over a period of 20 years, but shows a tendency to rise during the last two years.

One Urban rate has been increasing since 1931 and will be the subject of a special report.

TABLE I.  
*Notifications of Tuberculosis during 1936 showing Age Periods.*

Age periods :	under 1 yr.	1-4 (4 yrs.)	5-9 (5 yrs.)	10-14 (5 yrs.)	15-19 (5 yrs.)	20-24 (5 yrs.)	25-34 (10 yrs.)	35-44 (10 yrs.)	45-54 (10 yrs.)	55-64 (10 yrs.)	65 and up- wards	Total
Pulmonary—												
Males -	—	1	7	9	18	17	41	39	24	11	6	173
Females -	—	2	4	8	21	22	46	26	15	10	3	157
Non-Pulmonary—												
Males -	—	9	11	3	5	4	6	—	1	—	—	40
Females -	—	2	8	3	7	4	9	2	2	1	—	40
Total -	3	14	30	23	51	47	102	67	42	22	9	410

TABLE II.

NOTIFICATIONS OF ALL CASES OF TUBERCULOSIS SHOWN IN SANITARY AREAS.

District.	Total cases notified 1936.	Population. 1936.	Notification Rate per 1,000 of Population.		Death Rates per 1,000 of Population.	
			Average 1931-35.	1936.	Average 1931-35.	1936.
Bewdley Borough	11	4270	1.3	2.6	0.5	0.7
Bromsgrove Urban	23	22830	1.2	1.0	0.7	0.7
Droitwich Borough	8	4540	1.2	1.8	0.5	0.4
Evesham Borough	11	10940	1.4	1.0	0.7	0.7
Halesowen Borough	36	34370	1.4	1.0	0.7	0.8
Kidderminster Borough	45	31760	2.2	1.4	0.9	0.8
Malvern Urban	15	17540	1.2	0.8	0.8	0.8
Oldbury Borough	88	42990	1.7	2.0	0.7	0.9
Redditch Urban	20	22330	1.5	0.9	0.8	0.7
Stourbridge Borough	36	34650	1.4	1.0	1.0	0.9
Stourport-on-Severn Urban	7	7680	1.8	0.9	0.9	1.2
Bromsgrove Rural	20	19020	1.0	1.0	0.5	0.7
Droitwich Rural	13	10870	0.7	1.2	0.6	0.5
Evesham Rural	8	13970	1.1	0.6	0.8	0.9
Kidderminster Rural	5	7820	1.3	0.6	0.7	0.1
Martley Rural -	12	10660	1.4	1.1	0.8	0.3
Pershore Rural	18	13250	1.3	1.4	0.7	0.7
Tenbury Rural	9	5310	0.9	1.7	0.8	0.2
Upton-on-Severn Rural	25	12800	1.6	2.0	0.5	0.7
	410	327600	1.35	1.25	0.70	0.74



*New Cases and Mortality.*

Table III. gives the new cases of Tuberculosis during the year and the deaths, in age groups. New cases represent notified cases plus those heard of otherwise than by notification.

TABLE III.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 - -	1	-	2	3	1	-	2	3
1— 4 - -	1	2	11	5	-	-	5	2
5—14 - -	17	12	17	14	1	4	5	5
15—24 - -	36	48	11	14	15	28	4	4
25—34 - -	45	52	7	9	34	25	2	1
35—44 - -	43	27	-	2	23	14	1	1
45—54 - -	28	16	1	2	16	6	1	2
55—64 - -	13	12	-	1	13	7	2	1
65 and upwards -	7	6	1	-	4	9	1	1
TOTALS - -	191	175	50	50	107	93	23	20

*Returns under Tuberculosis Regulations 1924.*

The following cases remained on the registers of Medical Officers of Health at the end of 1936 :

	Males.	Females.	Total.
Pulmonary - -	682	608	1290
Non-pulmonary - -	220	228	448
			1738

Deaths of Unnotified Cases.

29 cases which had not been notified in the County during life died in 1936. In 21 of these there was a satisfactory reason for non-notification, *e.g.* meningitis in infancy, diagnosis only made after death, etc. In the remaining 8 cases, enquiry was made from the certifying Practitioner with the following results :

Thought previously notified	—	—	7
Notified after death (aged 90)	—	—	1
			—
			8
			—

Institutional Treatment.

Table IV. sets forth the average number of beds used during the year. This gives a slightly larger figure even than that of last year. This is due to the extra beds used for non-pulmonary cases.

Grants have also been made to patients in out-county Sanatoria, and cases have been admitted to Brompton Hospital for advice as to special surgical treatment, and to Papworth Colony with a view to colonization.

The waiting list has been kept within reasonable limits : only in one month did it average over 20 (May) and for the whole year showed an average of 9.

TABLE IV.

	Observa- tion.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.	Total
		“ Sana- torium” Beds.	“ Hos- pital ” Beds.	Disease of Bones and Joints.    Other Con- ditions	
Adult Males            ...            ...	2	37	17	10	66
Adult Females        ...            ...	1	35	18	6	60
Children under 15                    ...	2	7	—	25	34
Total    ...	5	79	35	41	160

TABLE V.  
RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT.

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients suffering from Pulmonary Tuberculosis.	Adults	M.	44	154	123	24	51
		F.	37	125	105	15	42
	Child- ren.		3	20	18	—	5
	Total	—	84	299	246	39	98
Number of Patients suffering from non-Pulmonary Tuberculosis.	Adults	M.	13	21	21	3	10
		F.	1	13	12	—	2
	Child- ren.		24	26	22	1	27
	Total	—	38	60	55	4	39
Number of Observation Cases	Adults	M.	—	24	21	1	2
		F.	7	13	18	1	1
	Child- ren.		3	10	11	—	2
	Total	—	10	47	50	2	5
Grand	Total		132	406	351	45	142







*Immediate Results of Institutional Treatment.*

Table VI. sets out the immediate results of institutional treatment. In addition to these cases, there were 31 patients who stayed less than 28 days. Information as to these cases is excluded from the Table.

It has been recorded in previous reports that patients are staying longer in Sanatoria. A comparison between 1926 and 1936 shows :

Patients stayed	Less than 3 months	3-6 months	6-12 months	more than 12 months
In 1926	58%	33%	9%	None
In 1936	53%	35%	12%	6%

*Dispensaries.*

The new Dispensary at Oldbury was opened in June 1936 and has proved very satisfactory. The accommodation is excellent and it would appear that very little extra cost will be involved.

Cupboards for the storage of spare bedsteads and blankets have been supplied.

The attendance at each Dispensary, except Kidderminster, show an increase on last year's average attendance. This is no doubt due to artificial pneumothorax refills. At two Dispensaries special sessions are held for these cases. Over 600 Refills were given at the Dispensaries during the year.



TABLE VII.  
*Dispensary Work.*

Dispensary.	Address.	Medical Officer.	Day and Time.	Total No. of Attendances 1936	Average attendance per Session 1936.
Bromsgrove -	Over 98 High Street -	Dr. Deaner	Tuesday, 3 p.m.	292	6.0
Halesowen -	14 Laurel Lane -	Dr. Deaner	Wednesday, 5 p.m.	438	8.3
Kidderminster -	General Hospital -	Dr. Deaner	Thursday, 2 p.m. and 5 p.m.	659	12.7
Oldbury -	Greenwood Avenue, Langley -	Dr. Deaner	Monday, 5 to 7 p.m.	915	19.0
Redditch -	Elm Road -	Dr. Deaner	Friday, 2 to 4 p.m.	325	7.0
Stourbridge -	Dispensary -	Dr. Corlett	Monday, 5 p.m.	338	6.9
Worcester -	Shirehall Yard -	Dr. Clover	Wednesday, 3 p.m.	313	6.0

TABLE VIII.

RETURN SHOWING THE WORK OF DISPENSARIES DURING THE YEAR 1936.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :												
(a) Definitely tuberculous .....	138	116	14	6	11	17	19	17	149	133	33	23
(b) Doubtfully tuberculous .....	—	—	—	—	—	—	—	—	64	49	24	16
(c) Non-tuberculous .....	—	—	—	—	—	—	—	—	67	69	33	21
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous	4	—	1	4	—	—	—	—	4	—	1	4
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	12	17	11	8
(c) Non-tuberculous .....	—	—	—	—	—	—	—	—	61	94	102	102
C.—CASES written off the Dispensary Register as												
(a) Recovered .....	24	39	7	9	9	13	21	17	33	52	27	26
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) .....	—	—	—	—	—	—	—	—	165	206	159	146
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) Definitely tuberculous .....	557	476	73	61	68	79	96	99	625	555	169	160
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	102	104	64	47

TABLE VIII.—*Continued.*

1.	Number of cases on Dispensary Register on January 1st, 1936	—	—	—	—	—	—	1861
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	—	—	—	—	—	—	27
3.	Number of patients transferred to other areas and cases "lost sight of"	—	—	—	—	—	—	143
4.	Died during the year	—	—	—	—	—	—	202
5.	Number of attendances at the Dispensaries (including Contacts)							3280
6.	Number of consultations with medical practitioners :—							
	(a) Personal	—	—	—	—	—	—	105
	(b) Other	—	—	—	—	—	—	1059
7.	Number of visits by Tuberculosis Officers to Homes	—	—					2423
8.	Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	—	—	—	—	—	—	11476
9.	Number of—							
	(a) Specimens of sputum, etc., examined	—	—					394*
	(b) X-Ray examinations made in connection with Dispensary work	—	—	—	—	—	—	812
10.	Number of "Tb plus" cases on Dispensary Register on December 31st	—	—	—	—	—	—	535

\*In addition 2167 samples of sputum were examined from Worcestershire in-patients in County Institutions and County patients sent by General Practitioners.

#### *Contacts.*

416 cases were examined as contacts, and 9 were found to be definitely tuberculous. 48 were suspicious and referred for further observation.

#### *After-Care Committees.*

Oldbury, Halesowen, Redditch and Kidderminster have now an After-Care Committee. Each Committee has been constituted on the lines of the Scheme published in the 1935 report. Additional Members have been co-opted and good work is being accomplished.

Items dealt with include :

- (1) Re-housing of families where the presence of a tuberculous member makes better accommodation essential. Subsidies towards the extra rent are made in necessitous cases.
- (2) Provision of bedsteads for a like preventive purpose.



- (3) Food allowances—supervision.
- (4) Special nursing.
- (5) Domestic difficulties.
- (6) Employment.

It will be of interest to summarize shortly the excellent work of these Committees.

(1) *Oldbury.*

The Committee commenced to function on the 1st April 1936, though preliminary meetings were held in February and March 1936.

Mr. J. W. Bright was appointed Chairman and Mr. F. W. Bull as Hon. Secretary. There has been one co-opted member — the Manager of the local Employment Exchange, in order to assist in the problem of suitable employment.

During 1936, 16 cases were recommended to the Oldbury Corporation for re-housing in municipal houses and 9 of these cases have been re-housed, the remaining cases being still under consideration. Rent relief was granted in four cases, varying from 5s. 7d. per week to 1s. 5d. per week. These reliefs are paid equally by the Oldbury Corporation and the County Council. As the financial position improved in one case, the subsidy was discontinued at 31st December 1936.

In granting rent relief, the Committee has imposed the following conditions, viz. :—

- (a) The positive case must be accommodated in a separate bedroom.
- (b) The financial circumstances are reviewed quarterly.
- (c) Financial assistance will terminate in the event of the death of the patient.

The Oldbury Health Committee has agreed that stripping of all wall-papers shall be an essential part of disinfection in rooms vacated by patients.

(2) *Halesowen.*

A preliminary meeting was held on the 20th May 1936 and meetings were held monthly for most of the year. Mr. H. J. Cox was appointed Chairman and Mr. E. Lea as Hon. Secretary. Two local ladies and the manager of the local Employment Exchange have been co-opted on the Committee.

During 1936, 11 cases were recommended for re-housing. In only one case was a subsidy granted, *i.e.*, 2/- per week to be divided equally between the Halesowen Corporation and the County Council. In 5 cases, no relief was recommended and the other cases were still under consideration.

The co-option of the manager of the local Employment Exchange will be of great help to the Committee in endeavouring to obtain suitable employment in necessitous cases.

(3) *Redditch.*

The first meeting of this Committee was held on the 6th November 1936.

Mr. G. E. Whitmore was elected Chairman and Mr. W. Jameson as Hon. Secretary.

During 1936, one case was recommended for better housing but was still under consideration at the end of the year.

(4) *Kidderminster.*

This Committee was formed early in 1937 and a statement of their work will be given in the 1937 Annual Report.

*Extra Nourishment.*

81 patients were granted food allowances during 1936. The grant consists of milk, eggs and butter to the value of 5s. 0d. per week in winter months and 4s. 0d. per week in summer months.

In the four areas where After-Care Committees have been appointed, these allowances are supervised and the accounts passed by the local Committee, for payment by the County Tuberculosis Committee.

*Nurses Visits.*

11,476 supervisory visits were made by County Health Visitors and District Association Nurses. A monthly report sheet is forwarded to the Office, and any action possible is taken.

*Shelters.*

Each of the 38 shelters has been in use during 1936, though there have been times when one or more have been vacant owing to no patient with suitable accommodation being recommended.

The arrangement by which the builder of the majority of our shelters, visits and reports yearly on their condition is an excellent one and will save the County expense in the end.

An opportunity arose during the year of purchasing an excellent shelter from a private patient's estate. This was erected at the Hill Top Hospital—lighting and water being installed by the Hospital Committee. This shelter is used as a Doctor's Surgery and as no accommodation existed previously, it is of great help as regards examinations, refills, etc. Two invalid chairs were included in the purchase, and one was supplied to each of the Tuberculosis Pavilions.

*Beds and Bedding.*

Bedsteads, bedding and rugs are supplied where required to enable patients to sleep in separate beds. The After-Care Committees supervise the loan of these articles in those areas where the Committees exist. In other areas the Tuberculosis Officer and Nurse keep the cases under careful supervision.

TABLE VIIIa.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE  
31ST DECEMBER, 1936.

IN PUBLIC ASSISTANCE INSTITUTIONS BELONGING TO THE COUNCIL.

Name of Institution.	For PULMONARY cases.		For Non-PULMONARY cases		TOTAL
	Adults	Children under 15	Adults	Children under 15	
Evesham — —	1	—	—	—	1
Martley — —	1	—	—	—	1
Kidderminster —	7	—	—	—	7

Return showing the Extent of Residential Treatment provided during the year in Public Assistance Institutions for persons chargeable to the Council.

		In Institutions on January 1st	Admitted during the year.	Discharged during the year	Died in the Institution.	In Institutions on Dec. 31st
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males —	—	12	6	4	2
	Adult Females	—	8	5	3	—
	Children —	—	1	—	—	1
	TOTAL —	—	21	11	7	3
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment.	Adult Males —	1	—	—	—	1
	Adult Females	2	1	—	1	2
	Children —	—	3	3	—	—
	TOTAL —	3	4	3	1	3
GRAND TOTAL —		3	25	14	8	6



*Prevention of Tuberculosis Regulations, 1935.*  
*Public Health Act 1925. Section 62.*

No action under these regulations was taken during the year.

*Non-Pulmonary Tuberculosis.*

62 cases received in-patient treatment during the year. The immediate results of those discharged are included in Table VI.

The out-patient Clinics have been continued as in previous years and 111 cases made 394 attendances.

*X-Rays.*

A total of 812 X-rays were taken during 1936 as compared with 667 in 1935.

The sessional basis is working quite satisfactorily, and cases are examined at Worcester, Kidderminster, West Bromwich, Redditch and Stourbridge Hospitals.

It is hoped that an X-ray plant will be installed at Knightwick Sanatorium before very long.

*Dental Treatment.*

Dental treatment has been carried out at the County Sanatoria as required.

*Artificial Pneumothorax Treatment.*

During 1936, artificial pneumothorax treatment was attempted in 40 cases. 30 of these were at Knightwick Sanatorium and 10 at Hill Top Tuberculosis Pavilion, Bromsgrove. In 16 of these it was not possible to get a successful induction owing to adhesions, etc.

The following is a summary of the condition at 31st December 1936 of all patients for whom artificial pneumothorax treatment has been attempted.

				Successful induction.	Unsuccessful induction.
<i>Refills continuing :</i>					
Negative or no sputum	—	—		28	
Positive sputum	—	—		15	
<i>Refills discontinued :</i>					
Negative or no sputum	—	—		17	3
Positive sputum	—	—		18	10
<i>Left County</i>	—	—	—	15	4
<i>Dead</i>	—	—	—	43	38
				136	55
				Total — 191	

*Propaganda.*

Notices adjuring the public "Not to spit" were printed and each local Authority was asked how many would be required for posting in the area. The response was excellent and it is hoped that these notices have been hung up in factories, public houses, etc.

Dr. Harley Williams, the Medical Commissioner of the National Association for Prevention of Tuberculosis, gave another of his interesting lectures to Nurses and Health Visitors early in 1936.

*After Results of Treatment.*

Tables IX. and X. give the position at the end of 1936 of all the cases who have received treatment under the County Scheme.

(Signed) H. GORDON SMITH,

M.A., M.B., CH.B., D.P.H.,

Chief Tuberculosis Officer.

July 1937.

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